

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33059**
Registrar's No. **4006**

FILED NOV 4 1948

Registration District No. **149**

Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
505 West 10th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **none**
(Specify whether years, months or days) **lifetime**

3. (a) PRINT FULL NAME **Thomas F. REILLY**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **divorced**
6. (b) Name of husband or wife **Mary C. Reilly** 6. (c) Age of husband or wife if alive **68** years
7. Birth date of deceased **11 8 1868**
(Month) (Day) (Year)

8. AGE: Years **79** Months **10** Days **23** If less than one day .hr. .min.

9. Birthplace **Kansas City, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Owner of cab firm**

11. Industry or business

MOTHER FATHER { 12. Name **Thomas F. Reilly** 13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Margaret Carr**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Minnie R. McDermott**
(b) Address **4238 Greenwood Pl., K.C., Mo.**

17. (a) **Burial** (b) Date thereof **10-4-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mary's**

18. (a) Signature of funeral director **Melody McGilley-Evlar**
(b) Address **Kansas City, Missouri**

19. (a) **10-2-48** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** 48
(c) City or town **Kansas City** 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. **505 West 10th Street**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **1**
year **1948** hour **12** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Coroner**, 19____, to____, 19____;
that I last saw h.____ alive on____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**
Hypertrophy of heart
Due to **adhesive pericarditis**

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations **950**
Of autopsy **as above**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)____
(b) Date of occurrence____
(c) Where did injury occur?____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **James C. Walker** (Specify type of place) (c) Means of injury **3**
23. Signature **James C. Walker** (M. D. or other) **Coroner**
Address **1400 24th St** Date signed **10-2-48**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.