

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33059

FILED NOV 4 1948

Registration District No. 149

Primary Registration District No. 1002

4006

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

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
 (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
 In this community years, months or days) lifetime

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" and name of township)
 (d) Street No. 505 West 10th Street 8
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

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, 3 divorced divorced

6. (b) Name of husband or wife Mary C. Reilly 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

12. Name Thomas F. Reilly 4
 (Mother's Father) 13. Birthplace Ireland14. Maiden name Margaret Carr 15. Birthplace Ireland 4
 (State or foreign country) (City, town, or county)16. (a) Informant Mrs. Minnie R. McDermott
 (b) Address 4238 Greenwood Pl., K.C., Mo.17. (a) Burial 10-4-48
 (b) Date thereof (Month) (Day) (Year)
 (c) Place: burial or cremation St. Mary's18. (a) Signature of funeral director Malloody-LcGillie-Eylar
 (b) Address Kansas City, Missouri19. (a) 10-2-48 (b) Geraldine Holmes
 (Date received local registrar) (Registrar's signature)

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 him alive on 19; and that death occurred on the date and hour stated above.Immediate cause of death: Coronary occlusionDue to Hypertrophy of heartDue to adhesive pericarditis

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

Major findings: Of operations 95Of autopsy as above

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? (Specify type of place) (4) Means of injury 5
 James C. Walker

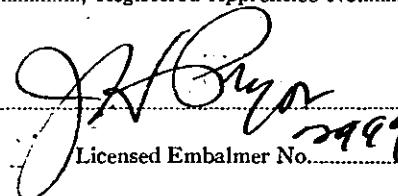
23. Signature James C. Walker (M. D. or other)
 Address 1428 74th Date signed 10-2-48

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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.....



J. H. Bryan
3989

Licensed Embalmer No.....

KC

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.