

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17453
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 299
 (b) Township Law Primary Registration District 1002 Registered No. 2150
 (c) City Kansas City (d) Street No. St. Marys Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Peter M. Cosgrove 221
 (a) Residence, No. 114 N. Law St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Jennie M. Cosgrove

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day hrs. min.
71 9 19

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Police officer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

FATHER
 13. NAME Frank M. Cosgrove
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
 15. MAIDEN NAME Alia M. Carran
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) 114 N. Law
 18. BURIAL, CREMATION, OR REGIONAL PLACE DATE St. Marys 5/25/38

19. FUNERAL DIRECTOR (ADDRESS) F. D. Dymally Co. 13756 Broadway
 20. FILED May 25 1938 M. M. Groat Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 4th 1938 to May 23rd 1938
 I last saw him alive on May 23rd 1938 Death is said to have occurred on the date stated above, at 1:05 P.M.
 The principal cause of death and related causes of importance were as follows:
Partial Branch Block Coronary Sclerosis
Arteriosclerosis
Embolic Renal Infarction
Gangrene Leg
 Other contributory causes of importance:
Coronary Sclerosis
Gangrene Leg

Name of operation None Date of None
 What test confirmed diagnosis None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury....., 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury None
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) H. W. Duggan, M. D.
 (Address) 1034 Chalmers Bldg.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)