DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

9766

State File No. 1200

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson County

(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Little Sisters of the Poor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) 3

In this community 9 years 6 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County JACKSON

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 5331 HIGHLAND
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Isabella Brannigan 652

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex F.

5. Color or race White

6. (a) Single, ~~widowed, married,~~ divorced Single

6. (b) Name of husband or wife ____

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased April (Month) 8 (Day) 1869 (Year)

8. AGE: Years 70 Months 11 Days 7 If less than one day ____ hr. ____ min.

9. Birthplace Wisconsin (City, town, or county) ____ (State or foreign country)

10. Usual occupation NONE

11. Industry or business ____

FATHER
12. Name Patrick Brannigan
13. Birthplace No Record (City, town, or county) ____ (State or foreign country)

MOTHER
14. Maiden name Mary McCloud
15. Birthplace No Record (City, town, or county) ____ (State or foreign country)

16. (a) Informant's own signature Sister Camille
(b) Address 5331 Highland Ave.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-19-40 (Month) (Day) (Year)
(c) Place: burial or cremation St. MARY'S

18. (a) Signature of funeral director Quirk and Tobin Co.
(b) Address Kansas City, Mo.

19. (a) 3-18-40 (Date received local registrar) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th year 1940 hour 8.30 a minute a M.

21. I hereby certify that I attended the deceased from March 5th, 1940, to March 14, 1940; that I last saw h. ~~w~~ alive on March 14, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Coronary Thrombosis	
Due to: 94 B	10 Days
Due to: Coronary Artery Disease	
Other conditions (Include pregnancy within 3 months of death): several years	

Major findings:
Of operations ____
Of autopsy ____

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature Paul V. Flourke (M. D. or other) MD
Address 1402 Bryant Bldg Date signed 3/15/40

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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

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.

50M-5-17-39
Rev. 5-17-39
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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. 4097

P. O. Address K.C., Mo.

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, above space should be left blank.