

Registration District No. 85

Primary Registration District No. 1001

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
724 N. 5th 2
(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

3. (a) PRINT FULL NAME James Reardon Hartigan

3. (c) Social Security No. None

8. (b) If veteran, name war None

4. Sex Male

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. March 23rd 1884
(Month) (Day) (Year)

8. AGE: Years 55 Months 11 Days 23
If less than one day hr. min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Salesman

11. Industry or business Burroughs

12. Name James W. Hartigan

13. Birthplace Limerick Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Reardon

15. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mary B. Hartigan

(b) Address 724 N. 5th St. Joseph, Mo.

17. (a) Burial (b) Date thereof Mar. 18, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Hermauld E. Dufour

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) 3/18/40 (b) A. J. Little
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 724 N. 5th
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th
year 1940 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from Mar 14
1940 to Mar 15 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to arteriosclerose

Due to _____

Other conditions Hypertension
(Include pregnancy within months of death)

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?
85

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

23. Signature Hermauld E. Dufour (M. D. 1)
Address Keoparier St. Date signed 3/16/40

701.

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 Robert P. Clarkson

Licensed Embalmer No. 4028

P. O. Address St. Joseph, Missouri.

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.