

X No. 2
4-13-40
5-17-39
I X23159

FEB 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1451**
Registrar's No. **411**

Registration District No. **399**

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**
(c) Name of hospital or institution:
1106 East 12th St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **23 yrs**
In this community **23 yrs**
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **Mrs Catherine Agnes Langan**

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

4. Sex **Female** 5. Color, or race **White** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Thomas J. Langan** 6. (c) Age of husband or wife if alive **7** years

7. Birth date of deceased **April 20, 1850**
(Month) (Day) (Year)

8. AGE: Years **90** Months **9** Days **7** If less than one day
hr. min.

9. Birthplace **Ironton, Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

12. Name **Charles Dougherty**

13. Birthplace **County Donegal, Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **Hannah McGonigle**

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

16. (a) Informant **Mrs Josephine McCord**

(b) Address **1106 East 12th St.**

17. (a) **Burial** (b) Date thereof **Jan 29, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St Marys**

18. (a) Signature of funeral director **Thomas E. Quirk** Funeral Home
(b) Address **4316 Troost Ave.**

19. (a) **Jan 28 1941** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

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. **1106 East 12th St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **27th**
year **1941** hour **9.15** A.M. M.

21. I hereby certify that I attended the deceased from **March**
19**34**, to **Jan 27, 1941**
that I last saw h. **u.** alive on **Jan 20**, 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death
Cardiac Decompensation
due myocarditis
old age 93 1/2

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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?

23. Signature **W. W. [unclear]** (M.D. or other)
Address **427 Maple St.** Date signed **12.27.41**

Duration
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.....

Thomas E. Turk

Licensed Embalmer No.

3775

P. O. Address.....

R P M

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.