

No. 2  
4-13-40  
5-17-39  
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FILED MAY 16 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13422

State File No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1403

18  
3  
8  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
106 N. Lawndale  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community 5 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 5  
(If outside city or town limits, write "RURAL") 8

(d) Street No. 106 N. Lawndale  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary Ann Grogan

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 8 th  
year 1941 hour 6 minute 18 P. M.

21. I hereby certify that I attended the deceased from 12/10, 1938, to 4/8, 1941;  
that I last saw her alive on 4/8, 1941;  
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Frank M. Grogan

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

7. Birth date of deceased Dec. 3, 1864  
(Month) (Day) (Year)

Immediate cause of death  
Chronic Pulmonary Congestion 2 days

Due to Chronic Pulmonary Tuberculosis  
Chronic Myocarditis

Due to \_\_\_\_\_

Other conditions Chronic nephritis  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>4</u>	<u>5</u>	hr. _____ min.

130  
130

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

9. Birthplace Lafayette Co., Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Thomas Leahy

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

14. Maiden name Elizabeth Mosher

15. Birthplace No. Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. C. Hug

(b) Address 106 N. Lawndale

17. (a) Burial (b) Date thereof 4/10/1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Higginsville, Mo.

18. (a) Signature of funeral director Cato & Sneaks

(b) Address Independence, Mo.

19. (a) Apr. 9, 1941 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury D

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address 3034 Harrison Date signed 4/9/41

**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 me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

Coland P. Sparks

Licensed Embalmer No. 3604

P. O. Address Independence, 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, fact should be so stated above.**