

Registration District No. **399** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **St. Mary's Hospital**
(d) Length of stay: **in hospital or institution 7 days**
In this community **4 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **2305- Norton**
(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **GARRETT JOHN**
3. (b) If veteran, name war _____
3. (c) Social Security No. **No Number**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **March 20 1890**

8. AGE: Years **61** Months **1** Days **8** If less than one day hr. _____ min. _____

9. Birthplace **Dromegal Ireland**
10. Usual occupation **Labour**

11. Industry or business _____
12. Name **John Gallagher**
13. Birthplace **Ireland Ireland**
14. Maiden name **Anna Mc-Queen**
15. Birthplace **Ireland**

16. (a) Informant **Patrick Gallagher**
(b) Address **2305- Norton**
17. (a) **Burial** (b) Date thereof **4-20-41**
(c) Place: burial or cremation **St. Mary's Cemetery**

18. (a) Signature of funeral director **Phil Spurred**
(b) Address **6606- Ind. Ave**
19. (a) **Apr 29 1941** (b) **M. Crow**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **28** year **41** hour **12:45** minute _____ M. _____
21. I hereby certify that I attended the deceased from **April 21** 19**41** to **April 28** 19**41**
that I last saw him alive on **April 28** 19**41**
and that death occurred on the date and hour stated above.
Immediate cause of death **Chronic Myocarditis**
C. Myocarditis Duration _____
Due to **92 H**
Due to **92 H**
Other conditions (Include pregnancy within 5 months of death) _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy **None**
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? _____
(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 _____
23. Signature **Alph Perry** (M. D. or other) **M.D.**
Address **6800 E 24** Date signed **4-29-41**

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

MOTHER FATHER

14-1-1931

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.....

P. O. Address.....

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.