

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

FILED JUN 11 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **17183**  
**1845**  
Registrar's No. \_\_\_\_\_

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: K.C. Gen. Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
In this community 24 years  
years, months or days

3. (a) PRINT FULL NAME Charles Gallagher  
(b) If veteran, name war no  
(c) Social Security No. 496-09-0018

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Francis Gallagher  
(c) Age of husband or wife if alive 54 years  
7. Birth date of deceased Oct. 28 1883  
(Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 11  
If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Kansas  
(City, town, or county) (State or foreign country)  
10. Usual occupation Pres. Labor Local #264

11. Industry or business \_\_\_\_\_  
12. Name James Gallagher  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Mazze  
15. Birthplace Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Francis Gallagher  
(b) Address 4511 E. 18th

17. (a) Removal (b) Date thereof May 12, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lawrence, Kansas

18. (a) Signature of funeral director Mrs. G. J. Foster  
(b) Address 918 Brooklyn, Mo.

19. (a) May 11, 1941 (b) M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4511 E. 18th St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 9th  
year 1941 hour 10 minute 50 A. M.

21. I hereby certify that I attended the deceased from 5-8-41, 19\_\_\_\_, to 5-9-41, 19\_\_\_\_;  
that I last saw him alive on 5-9-41, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral caseous pulmonary tuberculosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy See above

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 \_\_\_\_\_  
23. Signature Amey R. Thora (M. D. or other) \_\_\_\_\_  
Address Med. Dir. K.C. Gen. Hospital Date signed \_\_\_\_\_

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

8334

48  
3  
8

Duration  
Physician  
Underline the cause to which death should be charged statistically.

OCT 18 1954

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

*J. Clair Sheppard*

Licensed Embalmer No. *4179*

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, fact should be so stated above.