

No. 2  
4-13-40  
5-17-39  
FILED  
11  
7

JUL 10 1941

Registration District No. **85**

Primary Registration District No. **1001**

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:  
ST. JOSEPH'S HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 DAYS  
(Specify whether)

In this community 10 YEARS  
(years, months or days)

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. 0  
(If rural, give location)

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

3. (a) PRINT FULL NAME MARGARET E. HORAN??

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife FRANK J. HORAN

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

7. Birth date of deceased APRIL 21-1880  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>1</u>	<u>25</u>	_____.hr. _____.min.

9. Birthplace ATCHISON, KANSAS  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

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

MOTHER FATHER { 12. Name JAMES DONAHUE

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

MOTHER FATHER { 14. Maiden name ANNA WHALEN

15. Birthplace ATCHISON KANSAS  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Horan

(b) Address St Joseph, Mo

17. (a) REMOVAL (b) Date thereof JUNE 16-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ATCHISON, KANSAS

18. (a) Signature of funeral director Wm Stanton

(b) Address ATCHISON KAN

19. (a) June 18-1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 15 year 1941 hour 1 minute 00 P. M.

21. I hereby certify that I attended the deceased from JUNE 10 1941, to JUNE 16 1941;

that I last saw h. HR. alive on JUNE 16 1941; and that death occurred on the date and hour stated above.

Immediate cause of death BRONCHIAL PNEUMONIA  
LA

Due to BRONCHIAL ASTHMA

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

Other conditions MYOCARDITIS, CHRONIC  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations NO OPERATION

Of autopsy BRONCHIAL PNEUMONIA  
MYOCARDITIS, CHRONIC

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) (e) Means of injury \_\_\_\_\_

23. Signature M. H. Bilty (M. D. or other) Am. D  
Address Conroy Bldg St Joseph Date signed 6-16-41

Duration 6 da.

29 hrs.

?

PHYSICIAN \_\_\_\_\_

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, ~~by~~ *XX*

LICENSE NO. 3778

~~Registered Apprentice No.~~

working under my personal supervision.

Signed

*Mar Stanton, Jr.*

Licensed Embalmer No. 3778

P. O. Address ATCHISON, KANSAS

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.