No. 2
1-4-41
1-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 16 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 102

State File No. 24237

Registrar's No. 2776

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days (Specify whether years, months or days)
In this community 40 Years 40 Years 0

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 042
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 4530 Chestnut Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ----- 0

3. (a) PRINT FULL NAME: Mrs. AGNES GILL Sheehan
3. (b) If veteran, name war: No
3. (c) Social Security No. 702-03-9639
4. Sex: Female 1
5. Color or race: white
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Mr. Patrick J. Sheehan
6. (c) Age of husband or wife if alive: -- years
7. Birth date of deceased: January (Month) 13 (Day) 1884 (Year)

8. AGE: Years	Months	Days	If less than one day
57	6	9	hr. min.

9. Birthplace: Appanoose County (City, town, or county) Iowa 1 (State or foreign country)
10. Usual occupation: Switch board operator
11. Industry or business: Frisco Railroad
FATHER
12. Name: Daniel Gill
13. Birthplace: (City, town, or county) Ireland 4 (State or foreign country)
MOTHER
14. Maiden name: Louise F. Briyner
15. Birthplace: (City, town, or county) Illinois 1 (State or foreign country)
16. (a) Informant: Mrs. Irving A. Phillips
(b) Address: 6143 Cherry Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 25 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: D. H. Nuremberg Sons
(b) Address: 1401 Brush Creek Blvd.
19. (a) 7/24/41 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22nd year 1941 hour 10 minute 5 P. M.
21. I hereby certify that I attended the deceased from 5-6-41, 19..., to 7-22-41, 19...; that I last saw her alive on 7-22-41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: DISSECTING ANEURYSM OF THE AORTA (non-syphilitic)
Due to: 96
Due to:
Other conditions (Include pregnancy within 3 months of death): 96
Major findings:
Of operations:
Of autopsy: None

Duration

PHYSICIAN — 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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Harry R. Horn (M. D. or other) D
Address: Med. Dir. K.C. Gen. Hospital, K.C. Mo. Date signed

361 (Licensed Embalmer's Statement on Reverse Side)

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed; fact should be so stated above.