

FILED FEB 11 1942
Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **St Mary's Hospital**
(b) City or town **Kansas City, Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St Mary's Hosp**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Five days**
In this community **Since 1918 (23 years)**
(Specify whether years, months or days)

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. **3126 Jefferson**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Francis Ganley**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **496-09-0989**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Cecilia Ganley** 6. (c) Age of husband or wife if alive **31** years

7. Birth date of deceased **Oct. 1871**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	3	8	hr. min.

9. Birthplace **Vincennes, Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Guard at Commerce Trust Co.**

11. Industry or business

MOTHER FATHER {
12. Name **Patrick Ganley**
13. Birthplace **Co. Meade, Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Jane Waters**
15. Birthplace **Co. Meade, Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dr. Wm. Coyle Ganley**
(b) Address **3126 Jefferson**

17. (a) **Removal** (b) Date thereof **Jan 13 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Kesler, Iowa**

18. (a) Signature of funeral director **Quinn & Taha Co**
(b) Address **70 W Kansas K.C. Mo**

19. (a) **1-12-42** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **11** year **1942** hour **8** minute **30** A.M.

21. I hereby certify that I attended the deceased from **April 1940** to **Jan 11 1942**
that I last saw him alive on **Jan 10 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary Thrombosis of Pulmonary Artery (massive) Cause undetermined**
Due to: **Arteriosclerosis**
Due to: **Arteriosclerosis**

Other conditions: **Arteriosclerosis**
(Include pregnancy within 3 months of death)
Chronic Hypertension (moderate)

Major findings: **None**
Of operations: **None**
Of autopsy: **As above**
PHYSICIAN: **H. H. IIIA**
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? _____

While at work: _____ (Specify type of place) _____
Means of injury: _____
23. Signature **Carl H. Ferris** (M. D.)
Address **934 Maple Bldg. O** Date signed **Jan 12 1942**

West P. Towne
B. B. B. B.
N. B. B. B. B.
A. B. B. B. B.

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..... *Charles M. Quinn*

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.