No. 2
-9-4-41
-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1216

Registration District No. 399 Primary Registration District No. 1102 Registrar's No. 238

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: 911 West 33rd St Terrace /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 911 West 33rd Terrace
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME EDWARD GERAUGHTY

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Annie

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

7. Birth date of deceased Feb 22 1850 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
91	10	26	..... hr. ..... min.

9. Birthplace Scranton (City, town, or county) Penn / (State or foreign country)

10. Usual occupation Retired-Wholesale Grocer

11. Industry or business .....

FATHER
12. Name Patrick Geraughty
13. Birthplace Galway (City, town, or county) 4 Ireland (State or foreign country)

MOTHER
14. Maiden name Margaret Loughray
15. Birthplace County Clare (City, town, or county) 4 Ireland (State or foreign country)

16. (a) Informant Mrs Peter Canyon

(b) Address 5717 Swope-Park Way

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Leavenworth Kansas

18. (a) Signature of funeral director Fuirk & Tobin Co

(b) Address 20 West Linwood

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18 day Jan year 1942 hour 10;25 minute A M.

21. I hereby certify that I attended the deceased from July 6, 1941, to Jan 18, 1942 that I last saw him alive on Jan 18 42, 19..... and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis and Heart Bloc Chronic Bronchitis — Duration 15 yrs

Due to Blood vessels Changes

Due to Coronary and Bronchial bloc

Other conditions .....
(Include pregnancy within 3 months of death) 94a

Major findings:
Of operations none

Of autopsy none

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 Dr Edward Geraughty (M. D. or other)

Address 303 Shukert Date signed Jan 19 42

(Licensed Embalmer's Statement on Reverse Side) KC Mo

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 John Conroy, Registered Apprentice No. 301 working under my personal supervision.

Signed Charles H. Quinn

Licensed Embalmer No. 3634

P. O. Address K. C. Mo.

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

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