

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1997

1. PLACE OF DEATH:

(a) County Jackson  
(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. Joseph Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 38 Days  
(Specify whether  
In this community 50 Yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3108 Park Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME George W. BRANGAN.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Catherine Brangan 6. (c) Age of husband or wife if alive 74 years  
7. Birth date of deceased June 14th, 1863  
(Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 7 If less than one day hr. min.

9. Birthplace Eudora Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Drudest

11. Industry or business Retired

MOTHER FATHER { 12. Name Michael Brangan  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Ann Buston  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Brangan  
(b) Address 3108 Park Ave.

17. (a) Burial (b) Date thereof 5/23/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery  
Melody-McGilley.

18. (a) Signature of funeral director K. C. Mo.  
(b) Address May 23, 42

19. (a) May 23, 42 (b) M. M. Crown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21  
year 1942 hour 11 minute 3 M.

21. I hereby certify that I attended the deceased from 4-13  
1942 to 5-21, 1942  
that I last saw him alive on May 21, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Ca of Colon with metastasis to liver  
Due to HBE

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Ca of Transverse Colon with metastasis to liver  
Of autopsy Same

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Edward A. Samuella (M. D. or other) \_\_\_\_\_  
Address St. Joseph Hospital Date signed 5-22

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

48  
3  
8

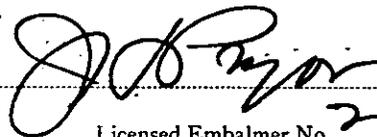
48  
3  
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0

42

**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.....



Licensed Embalmer No.....

2897

P. O. Address.....

K C

**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.**