S. No. 2
OM—2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20389

State File No.

FILED JUL 8 1943

Registration District No. 149 Primary Registration District No. 1002. Registrar's No. 2778

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: 1209 West 38th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48 3
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 209 West 38th
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MISS MARY WINIFRED HAGAN
3. (b) If veteran, name war No
3. (c) Social Security No. none.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) — (Day) 1882 (Year)

8. AGE: Years 61 Months 0 Days — If less than one day hr. min.

9. Birthplace Elmira (City, town, or county) New York (State or foreign country)
10. Usual occupation Retired
11. Industry or business School Teacher
FATHER
12. Name Theodore Corcanges
13. Birthplace (City, town, or county) Unk. 9 (State or foreign country)
MOTHER
14. Maiden name Annie E. Smith
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)
16. (a) Informant Miss Ruth Hagan
(b) Address 209 W. 38th
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/43 (Month) (Day) (Year)
(c) Place: burial or cremation Lebanon, Mo.
18. (a) Signature of funeral director Quirk and Polin
(b) Address 20 W. Linwood
19. (a) 6-21-43 (Date received local registrar) (b) P. E. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1943 hour 3:45 minute P. M.
21. I hereby certify that I attended the deceased from May 1939 to June 20, 1943; that I last saw her alive on June 20, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Metastasis to Liver	1 yr
Metastasis to Lung	1 yr
Due to Carcinoma of Ovarii	2 yrs.
Due to 50	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 0
23. Signature Theodore Corcanges (M. D. or other) D.O.
Address Raytown, Mo. Date signed 6/20/43

(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 Charles M. Quirk

Licensed Embalmer No. 3774

P. O. Address K.C., Mo.

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.