S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 24 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20488

Registration District No. 149 Primary Registration District No. 1002. Registrar's No. 2630

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: General Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1mo 15 days (Specify whether years, months or days)
In this community: lifetime

2. USUAL RESIDENCE OF DECEASED: 48
(a) State: Missouri (b) County: Jackson 3
(c) City or town: Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No.: 547½ Main
(If rural, give location)
(e) Citizen of foreign country? (Yes or No): Y
If yes, name country:

3. (a) PRINT FULL NAME: Frank McGonigle
3. (b) If veteran, name war: NO -
3. (c) Social Security No. 512-01-9049
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Div.
6. (b) Name of husband or wife: ~~Anna~~ Ann McGonigle
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Dec. (Month) 26 (Day) 1881 (Year)

8. AGE: Years 61-51 Months 5 Days 12 If less than one day hr. min.

9. Birthplace: Kansas City (City, town, or county) Kans. (State or foreign country)
10. Usual occupation: Tool Clerk
11. Industry or business: Engine Powder work -
FATHER
12. Name: Frank McGonigle
13. Birthplace: (City, town, or county) Ireland 4 (State or foreign country)
MOTHER
14. Maiden name: Mary Maroney
15. Birthplace: Washington (City, town, or county) D.C. 1 (State or foreign country)
16. (a) Informant: Mrs. Nellie Riley
(b) Address: 12 S. Forest
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-10-43 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Johns K.C.K
18. (a) Signature of funeral director: Harry Bailey
(b) Address: 22-5-18- Kansas City - Kans.
19. (a) 6-10-43 (Date received local registrar) (b) T. E. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1943 hour 1 minute 50 P.M.
21. I hereby certify that I attended the deceased from April 24, 1943, to June 8, 1943 that I last saw him alive on June 8, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculosis of adrenal gland — Duration
Due to:
Due to:
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:
23. Signature: Henry R. Thomas (M. D. or other)
Address: Date signed:

(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.....

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.