

PI X35967

FILED SEP 21 1943
Registration District No. **149**

Primary Registration District No. **1002**

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: **General Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day** (Specify whether years, months or days) **34 years**

3. (a) PRINT FULL NAME: **Miss Mary Coughlin**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Fe** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Thomas J Coughlin** 6. (c) Age of husband or wife if alive **75 years**
7. Birth date of deceased **April 13 1868**
(Month) (Day) (Year)

8. AGE: Years **77** Months **4** Days **18** If less than one day hr. min.

9. Birthplace **Lee** (City, town, or county) **Mass.** (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business
12. Name **Joseph White**
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Johnanna White**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Thomas J Coughlin**
(b) Address **1317 E 33rd St**

17. (a) **Burial** (b) Date thereof **9-5-43**
(Manner, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Perry Kansas**

18. (a) Signature of funeral director **J. W. Wagner**
(b) Address **Kansas City Mo**

19. (a) **9-3-43** (b) **J. E. Brown**
(Date received local registrar) (Registrar's signature)

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. **1317 E. 33 St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept.** day **1**
year **1943** hour **6** minute **30 P.M.**
21. I hereby certify that I attended the deceased from **Sept. 1**
1 1943 to **Sept. 1** 1943
that I last saw her alive on **Sept. 1** 1943
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of right breast** Duration
Due to **50**
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy **See above**

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 **Wm R Shaw** (M. D. or other)
Address Date signed

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

SEP 13 1957

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 *A. R. Haunschild*

Licensed Embalmer No. *4159*

P. O. Address. *Kansas City 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.