

LED NOV 1 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:
3206 Washington /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community **54 years** _____
years, months or days)

3. (a) PRINT FULL NAME **MRS. MARY MANGAN**

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 **Married**

6. (b) Name of husband or wife **Edward** 6. (c) Age of husband or wife if alive **79 years**

7. Birth date of deceased **May 29, 1865**
(Month) (Day) (Year)

8. AGE: Years **78** Months **4** Days **65** If less than one day _____ hr. _____ min.

9. Birthplace **Ireland 4**
(City, town, or county, (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Patrick Faragher**

13. Birthplace **Ireland 4**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Heskin**

15. Birthplace **Ireland 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edward Mangan**

(b) Address **3206 Washington**

17. (a) **Burial** (b) Date thereof **10/6/1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Quirk and Palmer Co**

(b) Address **20 West Linwood, K.C., Mo.**

19. (a) **10-4-43** (b) **P. E. Birnion**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson 48**
 (c) City or town **Kansas City 5**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3206 Washington 8**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **4th**
 year **1943** hour **5:** minute **00 A.M.**

21. I hereby certify that I attended the deceased from **9-30-43**
 _____, 19____, to **10-3-43**, 19____;
 that I last saw her, alive on **10-3-43**, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia** Duration _____

Due to _____
 Due to **107**

Other conditions **Generalized arteriosclerosis**
(Include pregnancy within 3 months of death)
Acute enteritis

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?

While at work? _____ (Specify type of place)
 Means of injury: _____
 23. Signature **Galvan Durso** (M. D. or other) _____
 Address **906 Grand K.C. Mo.** Date signed **10-4-43**

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.