

No. 2  
-2-43  
-17-39  
X35697

State File No.

Registrar's No.

FILED FEB 10 1944

Registration District No. 1002

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:  
923 West 32nd Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 50 years  
years, months or days

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. 923 W. 32nd St.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS. NELLIE O'GARA

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 Widow

6. (b) Name of husband or wife Neil

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased No Record  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21  
year 1944 hour 6: minute 40 P.M.

21. I hereby certify that I attended the deceased from JAN 1 1944 to JAN 21 1944  
that I last saw her alive on JAN 21 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Duration \_\_\_\_\_

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>			hr. _____ min. _____

9. Birthplace Ottumwa, Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Due to Senility

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

MOTHER {

FATHER {

11. Industry or business \_\_\_\_\_

12. Name J. P. Lafferty

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

14. Maiden name Mary Walpole

15. Birthplace Zanesville, Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant John J. O'Garra

(b) Address 3241 Kames Blvd

17. (a) Burial (b) Date thereof 1/24/1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Dwight and Oshin Co.

(b) Address 20 West Linwood Blvd.

19. (a) Jan 24 1944 (b) J. P. Brown  
(Date received local registrar) (Registrar's signature)

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 James Walker (M. D. or other) \_\_\_\_\_

Address 1424 Poplar Alley Date signed 1-22-44

**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. Zwick

Licensed Embalmer No. 3774

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.**