

FILED MAY 11 1944
749

Registration District No.

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(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
In this community 58 Years
years, months or days)

3. (a) PRINT FULL NAME John F. LONERGAN.

3. (b) If veteran, name war None
3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Katherine T. Lonergan 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased February 17th 1886
(Month) (Day) (Year)

8. AGE: Years 58 Months 3 Days 13 If less than one day hr. min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired
11. Industry or business City Pay Master.

MOTHER FATHER { 12. Name James Lonergan
13. Birthplace Tipperary Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Hannah Haley
15. Birthplace Jefferson City Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Katherine T. Lonergan
(b) Address 2104 Linwood Blvd.
17. (a) Burial (b) Date thereof 5/3/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Melody-McGilley
(b) Address K. C. Mo.
19. (a) 5-1-44 (b) D. 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 Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2104 Linwood Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th
year 1944 hour 4 minute 55 P. M.

21. I hereby certify that I attended the deceased from
19... to 19...
that I last saw him Deputy Coroner
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 30!

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)

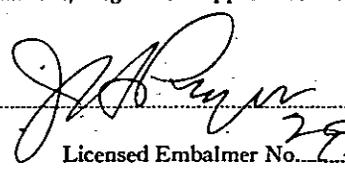
(Specify type of place) While at work? A. E. Washer (e) Means of injury M.P.
23. Signature A. E. Washer (M. D. or other) M.P.
Address 28 M. Co. Date signed 5/3/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. 2989

P. O. Address..... KC

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.