

No. 2  
-5-43  
-17-39  
X38671

FILED JUL 8 1944  
Registration District No. \_\_\_\_\_

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:  
3018 Wayne Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(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. 3018 Wayne Avenue  
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country NO

48398

**3. (a) PRINT FULL NAME** William Daniel BEGLEY

**3. (b) If veteran,** No. \_\_\_\_\_ **3. (c) Social Security** None.  
name war No. \_\_\_\_\_ No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month June day 22nd  
year 1944 hour 1:15 minute PM M.

**4. Sex** Male **5. Color or race** White **6. (a) Single, widowed, married, divorced** Divorced

**6. (b) Name of husband or wife** Carrie Burger Begley **6. (c) Age of husband or wife if alive** Unknown years

**7. Birth date of deceased.** July 2nd, 1868  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_ **19** \_\_\_\_\_  
that I last saw h. Asphyxiated to Coroner \_\_\_\_\_ **19** \_\_\_\_\_  
and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<u>75</u>	<u>11</u>	<u>20</u>	hr. _____ min. _____

Immediate cause of death \_\_\_\_\_  
Arterio sclerotic heart  
Due to \_\_\_\_\_  
Disease.

**9. Birthplace** Champaign, Illinois  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ 93d  
(Include pregnancy within 3 months of death)

**10. Usual occupation** Salesman-RETIRED 10 Yrs.

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

**11. Industry or business** Olsen Rug Co.

Of autopsy Inspection History

**12. Name** Michael John Begley

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

**14. Maiden name** Katherine Galvin

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

**16. (a) Informant** Irene Winkler, Neice

**(b) Address** 2919 Wayne Ave., K.C. Mo.

**17. (a) Burial** St. Marys Cemetery **(b) Date thereof** 6/24/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

**18. (a) Signature of funeral director** Melody-McGilley

**(b) Address** K. C. Mo.

**19. (a) 6/23/44** **(b) N. E. Brown**  
(Date received local registrar) (Registrar's signature)

**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** A. E. Winkler **(M. D. of death)** 3 M D  
23 McGilley 6/27/44  
Address \_\_\_\_\_ Date \_\_\_\_\_

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

**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. 7999.....

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.**