

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X38671

FILED AUG 23 1944
Registration District No. **149**

Primary Registration District No. **1002**

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

18
3/16

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:
St. Marys Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
(Specify whether years, months or days) years

3. (a) PRINT FULL NAME EDWARD SCANLON
3. (b) If veteran, name war No
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 Mrs. Bridget Scanlon
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased May 28 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>2</u>	<u>6</u>	hr. min.

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

10. Usual occupation Retired--Superintendent

11. Industry or business Pullman Co.

MOTHER FATHER

12. Name Cornelius Scanlon

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

14. Maiden name Mary

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

16. (a) Informant Mrs Charles M Durk

(b) Address 5720 Surfside

17. (c) Burial (b) Date thereof Aug 8 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Durk & Robin Co

(b) Address 20 W Linwood

19. (a) 8-8-44 (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
(If outside city or town limits, write "RURAL")
(d) Street No. 5315 Rockhill Road
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 4th
year 1944 hour 2 minute P M.

21. I hereby certify that I attended the deceased from 1-1-1944 to 8-4-1944
that I last saw him alive on 8-4-1944
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic of lungs
Due to Probably failing heart
Due to anesthetic "etherial"

Other conditions arterio sclerosis and
(Include pregnancy within 3 months of death)
gonorrhea of right foot

Major findings: amputation of right foot
Of operations _____
Of autopsy ad. 2

Duration _____
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)
(e) Means of injury 0

23. Signature J. J. Bonk (M. D. or other) _____
Address City Date signed 8-6-44

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. Zuerk

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.