

FILED DEC 7 1944

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

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. Maria's Hosp.
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution 2 weeks 0
(Specify whether years, months or days)

In this community 15 yrs
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3021 Wayne 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Michael J. Haugh

3. (b) If veteran, name war NO

3. (c) Social Security No. 510-05-7953

4. Sex M 5. Color or race W. Sh. 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Nora Haugh 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Nov 2 1898
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24 year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Nov 8 to Nov 24, 1944
that I last saw him alive on Nov 27, 1944
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>46</u>	<u>0</u>	<u>22</u>	hr. _____ min. _____

Immediate cause of death: Peritonitis 12 days
Intestinal obstruction 1 day

Due to Perforated duodenal ulcer 16 days

Other conditions: _____

Major findings: 117 B

Of autopsy: _____

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

10. Usual occupation Foreman Armour + Co

11. Industry or business Meat Packing

MOTHER { 12. Name James Haugh 11

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

FATHER { 14. Maiden name Bridget O'Mara

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

16. (a) Informant Mrs. Nora Haugh

(b) Address 3021 Wayne

17. (a) Burial (b) Date thereof 11 27 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvarian Cemetery

18. (a) Signature of funeral director W. H. Brown

(b) Address 20 West Linwood

19. (a) 11-2544 (b) T. E. Brown (U.S.)
(Data 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) (e) Means of injury M.D.

23. Signature P. O. Council (M. D. or other) 11/25/44

Address 207 N. 1st St. Bldg. Date signed 11/25/44

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

DEC 6 1944

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. Quinn*
Licensed Embalmer No..... *3774*
P. O. Address..... *K. C. 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.