V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 17 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17109

State File No.

Registration District No. 150 | Primary Registration District No. 5572 | Registrar's No. 47

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

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Rural Prairie Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson County Emergency Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 10 days (Specify whether years, months or days)

In this community: 30 years

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.: 915 East 8th Street (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: —

3. (a) PRINT FULL NAME: Henry Paul Colligan

3. (b) If veteran, name war: no

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Minnie Colligan

6. (c) Age of husband or wife if alive: 66 years

7. Birth date of deceased: July (Month) 16 (Day) 1881 (Year)

8. AGE: Years 63 | Months 8 | Days 24 | If less than one day: hr. min.

9. Birthplace: Kings Ferry (City, town, or county) N. Y. (State or foreign country)

10. Usual occupation: Chef

11. Industry or business: Cooking

FATHER
12. Name: Michael Colligan
13. Birthplace: unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name:
15. Birthplace: Alice Cawley (City, town, or county) unknown (State or foreign country)

16. (a) Informant: Minnie Colligan
(b) Address: 915 East 8th Street K.C. Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 4-13-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill Cem.

18. (a) Signature of funeral director: Bentley Mortuary
(b) Address: 5811 Troost K. C., Mo

19. (a) April 12, 1945 (Date received local registrar) (b) E. M. Schulz by E. M. S. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1945 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from Apr. 3, 1945, to Apr. 11, 1945; that I last saw him alive on Apr. 11, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage

Due to: Hypertension and

Due to: Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: 830
Of autopsy:

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: H. J. Colligan (M. D. or other)

Address: Rt 29 Campbell K.C. Date signed: Apr 11-45

116.2

(Licensed Embalmer's Statement on Reverse Side)

FEB 18 1946

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 Guy F. Buffington

Licensed Embalmer No. 2756

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.