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Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1377**  
**116**  
Registrar's No. \_\_\_\_\_

**FILED** JAN 31 1946

Registration District No. **149**

Primary Registration District No. **1002**

**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:  
**General Hospital No. 1**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 day**  
(Specify whether years, months or days) **unknown**

**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. **514 1/2 Main**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Mohn Gallagher**  
**3. (b) If veteran,** name war **none**  
**3. (c) Social Security No.** **Don't know**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Jan.** day **7**  
 year **1946** hour **1** minute **40 P.M.**  
**21. I hereby certify that I attended the deceased from**  
**Jan. 7 1946 to Jan. 7 1946**  
 that I last saw him alive on **Jan. 7 1946**  
 and that death occurred on the date and hour stated above.

**4. Sex** **M** **5. Color or race** **W**  
**6. (a) Single, widowed, married, divorced** **S O**  
**6. (c) Age of husband or wife if** \_\_\_\_\_  
 alive \_\_\_\_\_ years  
**7. Birth date of deceased.** **1867**  
(Month) (Day) (Year)

**Immediate cause of death**  
**Confluent bronchial pneumonia (ETBC)**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**8. AGE:** Years **78** Months \_\_\_\_\_ Days \_\_\_\_\_  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**Duration**  
 \_\_\_\_\_  
**PHYSICIAN**  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.  
**See above**

**9. Birthplace** **Don't know**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **none**

**11. Industry or business** \_\_\_\_\_

**MOTHER, FATHER**  
**12. Name** **Do not know**  
**13. Birthplace** **Don't know**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Don't know**  
**15. Birthplace** **Don't know**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Father Mc Dainell**  
**(b) Address** **534 main st**

**17. (a) Burial** **(b) Date thereof** **Jan 10 46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation.** **mt Calvary MCK**

**18. (a) Signature of funeral director** **P. C. Mc Dainell**  
**(b) Address** **1-C 2nd**

**19. (a) 1-9-46** **(b) Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

**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)** \_\_\_\_\_  
**(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?** \_\_\_\_\_

**23. Signature** **Clark W Seelye** **(M.D. or other)**  
**Address** **Med. Dir. Gen'l Hosp.** **1-8-46**  
Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

975

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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..... *Francis Walter* .....

Licensed Embalmer No. *2744* .....

P. O. Address..... *LCMO* .....

**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.**