No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1598

FILED JAN 31 1946

Registration District No. _____ Primary Registration District No. 1002

Registrar's No. 119

WRITE PLAINLY—USE UNFADING 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: 5828 Woodland Kansas City, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None
In this community: 37 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 5828 Woodland 8
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Catherine Marie MEAGHER

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

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Michael John Meagher

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

7. Birth date of deceased: Feb. 11, 1869 (Month) (Day) (Year)

8. AGE: Years 76 | Months 10 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace: St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER
12. Name: Patrick Murphey 4
13. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name: Julia Ann McDonald 4
15. Birthplace: Unknown (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant: Mr. Herbert Meagher
(b) Address: 5401 Rockhill Rd. K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-11-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: 1800 Linwood Blvd. K.C. Mo.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan. day: 8 th year: 1946 hour: 1 minute: 15 P. M.

21. I hereby certify that I attended the deceased from Jan 7, 1946 to Jan 8, 1946 that I last saw he alive on Jan 8, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Ch. myocarditis — Duration: 7

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 93 d

Major findings:
Of operations:

Of autopsy:

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: Wm R. Jackson (M. D. or other)
Address: 1167 Bryant Bld. Date signed: 1/9/46

(Licensed Embalmer's Statement on Reverse Side)

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.....

P. O. Address.....

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.