

Registration District No. 149 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. Mary's 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) 21 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
 (c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1115 East 40th St. 8  
(If rural, give location) 0  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Gertrude Hagel  
 3. (b) If veteran, name war No 3. (c) Social Security No. No  
 4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Ambrose J. Hagel 6. (c) Age of husband or wife if alive unk. years  
 7. Birth date of deceased October 26, 1876  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th  
 year 1946 hour 8:20 minute \_\_\_\_\_ p. M.  
 21. I hereby certify that I attended the deceased from Dec 5, 1945 to June 10, 1946  
 that I last saw her alive on June 10, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Circulatory failure 2 wks.  
 Due to Chronic Hypertrophy of heart  
 Due to \_\_\_\_\_  
 Other conditions Adenoma of pituitary gland  
(Include pregnancy within 3 months of death)

Duration  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day  
69 7 14 hr. min.  
 9. Birthplace Clinton Iowa  
(City, town, or county) (State or foreign country)  
 10. Usual occupation at home  
 11. Industry or business \_\_\_\_\_  
 MOTHER FATHER { 12. Name Patrick Carolan  
 13. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Agnes Fitzgerald  
 15. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)  
 16. (a) Informant Ambrose J. Hagel  
 (b) Address 1115 East 40th St.  
 17. (a) Removal (b) Date thereof 6/13/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Hartford, Kansas  
 18. (a) Signature of funeral director Thomas E. Quirk  
 (b) Address 4316 Troost Ave.  
 19. (a) 6-12-46 (b) Sheldine Holmes  
(Date received local registrar) (Registrar's signature)

Major findings: 9502  
 Of autopsy Circulatory failure Cardiac Hypertrophy  
 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. D. Bennett (M. D. or other) M.D.  
 Address 22 Argyle 152 Mo Date signed 6-11-46

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

1946

JUL 11 1946

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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 Thomas C. Quirk  
Licensed Embalmer No. 3775  
P. O. Address 4316 Trosset Ave.

**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.**