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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 24 1946

Registration District No. 177

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40732

Primary Registration District No. 1002

Registrar's No. 5225

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:
2821 INDEPENDENCE AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 5 MONTHS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State WASHINGTON D.C. (b) County 971

(c) City or town WASHINGTON D.C. 4
(If outside city or town limits, write "RURAL")

(d) Street No. 2831 CALIFORNIA, N.W.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Margaret Mangan

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased OCTOBER (Month) 4 (Day) 1896 (Year)

8. AGE: Years 50 | Months 2 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation SECRETARY -- WAR ASSETS

11. Industry or business DEPARTMENT -- WASHINGTON, D.C.

FATHER
12. Name JEREMIAH MANGAN
13. Birthplace ROSCOMMON (City, town, or county) IRELAND 4 (State or foreign country)

MOTHER
14. Maiden name KATHERINE MURPHY
15. Birthplace ..... (City, town, or county) IRELAND 4 (State or foreign country)

16. (a) Informant MISS NORYNE MANGAN

(b) Address 2821 INDEPENDENCE AVE.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-13-46 (Month) (Day) (Year)

(c) Place: burial or cremation MT. ST. MARY'S CEMETERY

18. (a) Signature of funeral director J. F. Powell

(b) Address 3256 BROADWAY

19. (a) 12-12-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10th year 1946 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Pathologist to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Lymphosarcoma of abdomen & left arm

Due to

Due to primary site probably in left arm.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 55

Of autopsy none

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 Edward C. H. Schmidt (M. D. or other) M.D.

Address St. Luke's Hospital Date signed 10 Dec 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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.