

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Rural-Blue
(c) Name of hospital or institution: 621 Ash
(d) Length of stay: 59 years
In this community 59 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Rural
(d) Street No. 621 Ash
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME FRANK J. CORRIGAN

3. (b) If veteran, name war 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 Olive K. Corrigan 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased March 24, 1888

8. AGE: Years 59 Months 2 Days 5 If less than one day hr. min.

9. Birthplace Jackson Co., Missouri

10. Usual occupation Purchasing Agent

11. Industry or business Columbian Steel Tank Co.

12. Name J. M. Corrigan

13. Birthplace County Cork, Ireland

14. Maiden name Ellen Murray

15. Birthplace Glean, Ills.

16. (a) Informant Mrs. Olive Corrigan

(b) Address 621 Ash, K. C. 3, Mo.

17. (a) burial (b) Date thereof 6/2/47

(c) Place: burial or cremation Calvary Cem. K.C. Mo.

18. (a) Signature of funeral director Geo. C. Carson Funeral Home

(b) Address Independence, Mo.

19. (a) 6-2-47 (b) James O'Leary

(Date received local registrar) (Registrar's signature)

Address Independence, Mo. Date signed 5-29-47

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1947 hour 10 minute 1 M.

21. I hereby certify that I attended the deceased from 18 1947 to May 29 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Ventricular fibrillation

Due to Coronary occlusion and Coronary insufficiency

Due to Arterio sclerosis, Coronary sclerosis, hypertension

Other conditions: hypertension

Major findings: Of operations None Of autopsy 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?

(e) Means of injury

23. Signature James O'Leary (M. D. or Surgeon) MD

Address Independence, Mo. Date signed 5-29-47

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

MOTHER FATHER

SEP 22 1948

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

Charles F. Tyb

Registered Apprentice No. *41*

working under my personal supervision.

Signed

R. A. Lisle

Licensed Embalmer No. *4123*

P. O. Address *Independence, 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.