S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
(National Office of Vital Statistics)

FILED SEP 16 1947

Registration District No. 144

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 31406

Registrar's No. 3764

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 72 Hours (Specify whether
In this community: 65 years
years, months or days)

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.: 3125 Penn Street 8
(If rural, give location) 0
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: MRS. MARY REGAN
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow 2
6. (b) Name of husband or wife: John Regan
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: April 1 1863 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
84	5	0	hr. min.

9. Birthplace: Ireland (City, town, or county) 4 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: John Gainey 4
13. Birthplace: Ireland 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Annie Hallahan
15. Birthplace: Ireland 4 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs James Nylon
(b) Address: 3123 Penn St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/4/47 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Mary's Cemetery
18. (a) Signature of funeral director: Burk & Sohn
(b) Address: 20 West Linwood
19. (a) 9-3-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 1st day: Sept year: 1947 hour: 5:45 minute: A.M.
21. I hereby certify that I attended the deceased from June 12, 1944, to Sept 1, 1947, that I last saw her alive on Aug 31, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Circulatory failure, Myocarditis	2 days
Diabetes Mellitus	10 yrs
Due to: Hypertension	10 yrs
General arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: 0
23. Signature: F. J. O'Connell M.D. (M. D. or other)
Address: 327 Argyle Bldg Date signed: 9/3-47

Jefferson City Printing Co.

(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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City, 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.