. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 21 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 34655

Registrar's No. 4249

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: 1420 E. 30th Street (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: none (Specify whether

In this community: 50 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No.: 1420 E. 30th Street (If rural, give location) 8 0

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

If yes, name country:

3. (a) PRINT FULL NAME: James B. SCANLON

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

3. (c) Social Security No.: none

4. Sex: male

5. Color or race: white

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

6. (b) Name of husband or wife: Teresa Scanlon

6. (c) Age of husband or wife if alive: 75 years

7. Birth date of deceased: February (Month) 22, (Day) 1863 (Year)

8. AGE: Years 84 | Months 7 | Days 15 | If less than one day ... hr. ... min.

9. Birthplace: Ireland (City, town, or county) (State or foreign country) 4

10. Usual occupation: Retired Mail Clerk

11. Industry or business:

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

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

16. (a) Informant: Mrs. Teresa Scanlon

(b) Address: 1420 E. 30th St., K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-9-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Mellody-McGilley-Eylar

(b) Address: Kansas City, Missouri

19. (a) 10-8-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7 year 1947 hour 10 minute 10 A. M.

21. I hereby certify that I attended the deceased from Sept 24, 1947 to Oct 7, 1947 that I last saw him alive on Oct 7, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia	2 days
Due to: Senile dementia	2 yrs
Due to: Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 97
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) 2

While at work? (e) Means of injury:

23. Signature: [signature] (M. D. or other)

Address: 1900 E 31st Date signed: Oct 7 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. E. L. Gehrke
1400½ E. 31st.

DEC 18 1941

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 Thomas J. Carter Registered Apprentice No. 500 working under my personal supervision.

Signed Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address K. C. 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.