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 FEB 3 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1069

Registration District No. 199 | Primary Registration District No. 1402 | Registrar's No. 265

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: Lake Side Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 Week (Specify whether years, months or days)
In this community: 38 yrs.

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.: 1526 Bennington 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Mabel A. Fagan
3. (b) If veteran, name war: no
3. (c) Social Security No.: 489[illegible]-27-7985

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Albert M. Fagan
6. (c) Age of husband or wife if alive: 39 years
7. Birth date of deceased: November (Month) 25, (Day) 1909 (Year)

8. AGE: Years	Months	Days	If less than one day
38	1	23	hr. min.

9. Birthplace: Kansas City, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: James Hackett
13. Birthplace: Binghamton, New York (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Elizabeth Richard
15. Birthplace: Coffeville Kansas (City, town, or county) (State or foreign country)
16. (a) Informant: Albert Fagan
(b) Address: 1526 Bennington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/21/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Floral Hills Cem.
18. (a) Signature of funeral director: Earp & Sons
(b) Address: 4139 East 15th Street
19. (c) 1-20-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 18th year 1948 hour 8:50 minute P.M.
21. I hereby certify that I attended the deceased from 1-16 1948, to 1-18 1948, that I last saw h. alive on 1-16- 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Circulatory Collapse -	
Due to General peritonitis	
Due to Pelvic Cellulitis - (n. m. o.)	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 1340

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

23. Signature: Paul E. Forney (M. D. or other) D.O.
Address: 6228½ E. 15 R.E. Mo.
Date signed: 1-19-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr Farney -
6228½ - E 15th St

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 John B. Carp

Licensed Embalmer No. 2555

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.