S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

1206

State File No. .....

FILED FEB 7 1948 49

Registration District No. .....

Primary Registration District No. 1002

Registrar's No. 420

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: Enrouto to Trinity Lutheran Hospital (If not in hospital or institution, write street number or location)

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

In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 49

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

(d) Street No. 3517 Wyandotte (If rural, give location) 8

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME MRS. FLOY McGARIGLE

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Leo McGarigle

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

7. Birth date of deceased about 1879 (Month) (Day) (Year)

8. AGE: Years about 69 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Missouri (State or foreign country) 6

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name No Record
13. Birthplace No Record (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name No record
15. Birthplace No record (City, town, or county) (State or foreign country) 9

16. (a) Informant Marvin Gray

(b) Address Lawrence, Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/48 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Frank Tobin Co

(b) Address 20 West Linwood

19. (a) 1-30-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29th day Jan year 1948 hour 8:20 minute A M.

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

	Duration
Immediate cause of death Death due to	
Due to natural causes	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Deputy Coroner

Of autopsy History 2000

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 ..... Means of injury .....

23. Signature A. E. Uesher (M. D. or other) M.D.

Address 2800 Main Date signed 1/30/48

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.