No. 2
1/47
7-39

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

State File No. 3969

FILED FEB 24 1948

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 206

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1209 Sacramento
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan 11

(c) City or town: St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No.: 1209 Sacramento 7
(If rural, give location) 0

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

If yes, name country:

3. (a) PRINT FULL NAME: Thomas John Begley

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

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widwoed 2

6. (b) Name of husband or wife: Mary Begley

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

7. Birth date of deceased: March 7, 1862 (Month) (Day) (Year)

8. AGE: Years 85 | Months 11 | Days 7 | If less than one day: hr. min.

9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: Retired

11. Industry or business: U. P. Railroad Co.

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

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

16. (a) Informant: Margaret Begley
(b) Address: St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery

18. (a) Signature of funeral director: Heaton-Bowman
(b) Address: St. Joseph, Mo.

19. (a) 2-19-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 282

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14
year 1948 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan. 24, 1948, to Feb. 14, 1948
that I last saw him alive on Feb. 14, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	1 week
Due to:	
Due to:	
Other conditions: Diabetes Mellitus (Include pregnancy within 3 months of death)	Unknown

Major findings:
Of operations: ✓
Of autopsy: ✓ 61

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: 0

23. Signature: John D. Byrne (M. D. or other)
Address: St. Joseph Mo. Date signed: 2-16-48

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

SEP 16 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 317 So 10th, St Joseph, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.