No. 2
—1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

4806

State File No.

FILED FEB 17 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 474

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

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: General Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community 35 Yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2424 Chelsea 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Rose Leona Duggan
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 Wid. 2
6. (b) Name of husband or wife Thomas Patrick Duggan
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 22 1878 (Month) (Day) (Year)

8. AGE: Years 69 Months 0 ~~7~~ Days ~~29~~ 9 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name James O'Riley
13. Birthplace (City, town, or county) Ireland (State or foreign country) 4
MOTHER
14. Maiden name Sarah Humphry
15. Birthplace (City, town, or county) No Record (State or foreign country) 9
16. (a) Informant ~~####~~ James O'Riley
(b) Address 2040 Lister
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4 1948 (Month) (Day) (Year)
(c) Place: burial or cremation St Marys Cem.
18. (a) Signature of funeral director Mrs C.L. Forster
(b) Address (918 Brooklym
19. (a) 2-3-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1 year 1948 hour 7; minute 55 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.

Immediate cause of death Skull Fracture
Due to Injury By Fall
Due to 1869
Other conditions (Include pregnancy within 3 months of death) Deputy Coroner
Major findings Of operations
Of autopsy History & Inspection

Duration

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) Accident 123
(b) Date of occurrence 1-23-48
(c) Where did injury occur? Kansas City (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? No (e) Means of injury Trauma
23. Signature A. E. Upsher (M. D. or other) M.D.
Address 2800 Main Date signed 2/3/48

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 Robert A. Hermann

Licensed Embalmer No. 3700

P. O. Address 918 Brooklyn

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.

K. C. Mo