No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 7 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

12606

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1719

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) 11
(c) Name of hospital or institution Jordan Convalescent Home 3420 Benton (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11-7-47 4-18-48 (Specify whether
In this community 29 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No. 1302 Indiana (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 Lottie M. Hanrahan
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 Widow 2
6. (b) Name of husband or wife Thomas J. Hanrahan
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 23, 1873 (Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 25 If less than one day hr. min.

9. Birthplace La Crosse, Wis. (City, town, or county) (State or foreign country) 1
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name No record 0
13. Birthplace No record (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name No record
15. Birthplace No record (City, town, or county) (State or foreign country) 9
16. (a) Informant Thomas A. Hanrahan
(b) Address 5102 Garfield
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 20, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mattoon, Ill.
18. (a) Signature of funeral director Thos. E. Quirk Funeral Home
(b) Address 4316 Troost Ave.
19. (a) 4-20-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 18th year 1948 hour 8:15 Pm. minute M.

21. I hereby certify that I attended the deceased from 14th January 1948, to 19 ; that I last saw her alive on 4/15/48 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic (Lobar) Pneumonia	2 days
Due to Fracture L. Hip.	1/14/48
Due to Senility + Fall	"
Other conditions Hypertension (Include pregnancy within 3 months of death) Arteriosclerosis	

Major findings:
Of operations 1862 15
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) Fall + Fract. Hip
(b) Date of occurrence 1/14/48
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place) 123
While at work? no (e) Means of injury Fall

23. Signature E. J. Heller (M. D. or other) MD
Address 1010 Professional Bldg signed 4/19/48
K C Mo

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 Thomas E. Quirk

Licensed Embalmer No. 3775

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.