. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 24 1948

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 15444

Registrar's No. 573

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: 2747 Penn St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days).
In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 2747 Penn St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: *

3. (a) PRINT FULL NAME: Eugene Michael Eagan
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive: * years
7. Birth date of deceased: September (Month) 8 (Day) 1886 (Year)
8. AGE: Years 61 Months 8 Days 11 If less than one day ... hr. ... min.
9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: State Auto Licence Dep't.
FATHER 12. Name: John Eagan
13. Birthplace: Madison (City, town, or county) Indiana (State or foreign country)
MOTHER 14. Maiden name: Mary Ann McCormick
15. Birthplace: New Orleans (City, town, or county) Louisiana (State or foreign country)
16. (a) Informant: Mr. John M. Eagan
(b) Address: 2747 Penn St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 21, 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery
18. (a) Signature of funeral director: Herman Wm. Siedenfaden
(b) Address: 1802 Union St. St. Joseph, Mo.
19. (a) 5-21-48 (Date received local registrar) (b) Earle Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1948 hour 8 minute 00 A.M.
21. I hereby certify that I attended the deceased from 4/19, 1948, to 5/11, 1948; that I last saw alive on 5/11, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of larynx (Primary)	6 mo.
Due to:	
Due to:	
Other conditions: Anemia Pernic (Include pregnancy within 3 months of death)	2 mo.

Major findings:
Of operations:
Of autopsy: Yes

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: Earle Eugene Eagan M. D. or other
Address: 6 to Hospital Date signed: 5/19/48
St. Joseph, 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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.