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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 8 1948

Registration District No. 1949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 33038

Registrar's No. 4046

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:
1849 ½ Pennway 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 51 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 4

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

(d) Street No. 1840 Madison
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME JAMES LEO O'LOUGHLIN

3. (b) If veteran World War name war No. 1

3. (c) Social Security No. 487-12-7385

4. Sex Male 1

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased June (Month) 8, (Day) 1897 (Year)

8. AGE:

Years	Months	Days	If less than one day
51	3	26	hr. min.

9. Birthplace Kansas City, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Paper Hanger

11. Industry or business Self

FATHER
12. Name John Joseph O'Loughlin
13. Birthplace Baltimore, Md. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Samara Keepers
15. Birthplace Media, Penna. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Edward O'Loughlin
(b) Address 1417 Ralston,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director Dixon L. Kepley
(b) Address Independence, Missouri.

19. (a) 10-5-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month October day 4th
year 1948 hour 6 minute 15 A.M.

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

Immediate cause of death	Duration
Coronary schemes	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93	

Major findings:
Of operations

Of autopsy no
History & Inspection

PHYSICIAN
Underline the cause to 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 3

23. Signature James C. Walker (M. D. or other) Coroner
Address 1414 [illegible] Date signed 10-4-48

(Licensed Embalmer's Statement on Reverse Side)

NOV 8 [illegible]

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

Clarence O. Gerkin Jr., Registered Apprentice No. 230

working under my personal supervision.

Signed Dixon L. Kepley

Licensed Embalmer No. 4225

P. O. Address Independence, Missouri

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.