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7-39  
X36671

FILED NOV 4 1948

Registration District No. 199

Primary Registration District No. 1002

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: R.C. Convalescent Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 weeks  
(Specify whether years, months or days) 57 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8  
(d) Street No. 1840 Madison  
(If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Samaria O'Loughlin

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John J. O'Loughlin 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased Dec. 26, 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 9 13 hr. min.

9. Birthplace Meigs County Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business Home

MOTHER FATHER

12. Name John Keepers

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Chase

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Ed. O'Loughlin

(b) Address 1417 Ralston

17. (a) Burial (b) Date thereof Oct. 11, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington Cem

18. (a) Signature of funeral director Dorothy A. Tople

(b) Address Independence Mo

19. (a) 10-9-48 (b) Seraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9<sup>th</sup>  
year 1948 hour 5 minute 10 A. M.

21. I hereby certify that I attended the deceased from Mar. 16 1948 to Oct 9 1948  
that I last saw her or alive on Oct 5 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death 1. Valvular Heart Disease  
2. Arteriosclerosis Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Smoking  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) No

(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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) P. E. Pearson  
(e) Means of injury \_\_\_\_\_

23. Signature P. E. Pearson (M. D. or other) MD

Address 1225 Rialto Bldg KC Mo Date signed 10/9/48

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

*Dr Paul Pearson*

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**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..... *Dieter L. Kopy* .....

Licensed Embalmer No. *4225* .....

P. O. Address..... *Indep No* .....

**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.