

FILED DEC 2 1948

Registration District No. 72

Primary Registration District No. 7289

Registrar's No. 109

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Rural Galliton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Golden Oaks Add. North Kansas City
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... XXX
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Golden Oaks Add. North K.C.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country... XXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15
year 1948 hour 12 minute 35 P.M.
21. I hereby certify that I attended the deceased from NOV. 12
1948 to NOV. 15 19 48
that I last saw him alive on NOV. 15 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocarditis

Duration

?

Due to

Due to

Other conditions
(Include pregnancy within 5 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)
(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) (c) Means of injury

23. Signature Gov. M. D. Smith (M. D. or other)
Address North Kansas City, Mo. Date signed 11-16-48

3. (a) PRINT FULL NAME Hugh Robertson Loughrey

3. (b) If veteran, name war No 3. (c) Social Security No. No

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

6. (b) Name of husband or wife Minnieola Fugitt Loughrey 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased May 2 1866
(Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days 13 If less than one day XX hr. XX min.

9. Birthplace Clay Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Self

12. Name Andy Loughrey

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

14. Maiden name Mary Hardwick

15. Birthplace Clay Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Hugh Loughrey Jr.

(b) Address 4016 Hickory Golden Oaks

17. (a) Burial (b) Date thereof Nov. 17 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Mo.

18. (a) Signature of funeral director Morton Smith's F.H.

(b) Address North Kansas City Mo.

19. Nov 17 - 1948 Beulah Ritchies
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

24
0
0
0

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-1-48

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 Theron O Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City

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.