

FILED DEC 4 1948
Registration District No. **749**

Primary Registration District No. **1002**

WRITE PLAINLY—USE 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)

(c) Name of hospital or institution:
3226 Karnes Blvd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **XX**
In this community **73 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **MRS. MARGARET CAGNEY HAAS**

3. (b) If veteran, name war **XX**

3. (c) Social Security No. **None**

4. Sex **Fe** / 5. Color or race **Wh**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Leo Haas**

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

7. Birth date of deceased **July 7 1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 3 29 hr. min.

9. Birthplace **Hannibal Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

MOTHER FATHER { 12. Name **Thomas L. Cagney**

13. Birthplace **Salem Mass.**
(City, town, or county) (State or foreign country)

14. Maiden name **Nora Quinn**

15. Birthplace **Limerick Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Thomas L. Cagney**

(b) Address **3226 Karnes**

17. (a) **Entombment** (b) Date thereof **11-9-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rose Hill Mausoleum**

18. (a) Signature of funeral director **J. W. Wagner**

(b) Address **Kansas City, Mo.**

19. (a) **11-8-48** (b) **Steraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town **Kansas City** **80**
(If outside city or town limits, write "RURAL")

(d) Street No. **3226 Karnes Blvd.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **6**
year **1948** hour **10:** minute **35 A.** M.

21. I hereby certify that I attended the deceased from **August 28** to **Nov 6** 19**48**
for Nov. 5th 19**48**
that I last saw her alive on **Nov. 5th** 19**48**
and that death occurred on the date and hour stated above

Immediate cause of death **Hypostatic pneumonia** **3 days**

Due to **arteriosclerotic heart disease** **9 yrs.**

Due to **generalized arterio-sclerosis**

Other conditions **fractured left lip** **3 mos**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations **1800**

Of autopsy **18**

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) **accident 123**

(b) Date of occurrence **August 1948**

(c) Where did injury occur? **N. C. Jackson, Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Walter P. Jacob at home

While at work? **Walter P. Jacob** (Specify type of place) Means of injury **fall**

23. Signature **Walter P. Jacob** (M. D. or other) **11/8/48**
Address **20 Bryant Bldg** Date signed

Permit No. 4159 - 2/1/2018

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 Alvin R. Harnisch

- Licensed Embalmer No. 4159

P. O. Address Kansas City, 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.