

FILED NOV 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37407

State File No.

4807

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No.

5

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 75 yrs.		d. STREET ADDRESS (If rural, give location) 2 East 70th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of the Poor			

*1218
3860*

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) P. c. (Last) LANGAN			4. DATE OF DEATH (Month) (Day) (Year) Nov. 9, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3-16-72 1862	9. AGE (In years last birthday) 79 89	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Grocer		10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Saline County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thos. Langan	13b. MOTHER'S MAIDEN NAME Ann Grace	14. NAME OF HUSBAND OR WIFE Margaret Langan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. F. W. Carroll ADDRESS 2 East 70th, K. C., Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days 49 1/2 10 1/2
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio-sclerosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/20, 1951, to 11/9/51, 1951, that I last saw the deceased alive on 11/8/51, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Joseph A. Fogarty (Degree or title)	23b. ADDRESS 402 Northman Bldg. K.C. Mo.	23c. DATE SIGNED 11/10/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-12-51	24c. NAME OF CEMETERY OR CREMATORY St. Mary's
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar ADDRESS Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 11-10-51	REGISTRAR'S SIGNATURE Geraldine Holmes	

Dr. Fogarty
402 Westminster Bldg

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.....
..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed J. H. Ryan
Licensed Embalmer No. 5294
P. O. Address EC

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.