

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

28411  
Do not use this space.

SEP 6 1939

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 299  
 (b) Township Kaw Primary Registration District No. 100 Registered No. 3413  
 (c) City Kansas City (d) Street No. 2913 Baltimore St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Fagan Curtis  
 (a) Residence, No. 2913 Baltimore St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS 88 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York 1

FATHER 13. NAME Luke Fagan 5

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 1

MOTHER 15. MAIDEN NAME Martha unk.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

17. INFORMANT (ADDRESS) Mrs. L. D. Gartin  
2913 Baltimore

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 9/1/39 19.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) QUIRK & TOBIN CO.  
Kansas City, Mo.

20. FILED 9/31 1939 M. M. Crowe  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/30 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/27 1939 to 8/30 1939  
 I last saw her alive on 8/30 1939 Death is said to have occurred on the date stated above, at 9 m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 8/28  
arteriosclerosis & auricular fibrillation  
 Other contributory causes of importance:  
none  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physical exam Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) [Signature], M. D.  
 (Address) Argyle Bldg. 12. S. W. 12th

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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..... *Maurice M Quirk* .....

Licensed Embalmer No. *2226* .....

P. O. Address..... *H. C. Inc* .....

**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, above space should be left blank.**