

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

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.

Registration District No. 399 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:
St. Marys Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7das (Specify whether
In this community 16 Yrs years, months or days)

3. (a) PRINT FULL NAME James W. Gallagher
3. (b) If veteran, name war _____ 3. (c) Social Security No. 702*14*573

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maude 6. (c) Age of husband or wife If alive 61 years
7. Birth date of deceased Sept. 16 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 0 17 hr. min.

9. Birthplace Holliday Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Switchman

11. Industry or business Mo. Pacific

12. Name John Gallagher

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

14. Maiden name Jenne McFarland

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

16. (a) Informant's own signature Mrs Maude Gallagher

(b) Address 1002 No. Mersington K. C. Mo

17. (a) burial (b) Date thereof Oct. 5/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill

18. (a) Signature of funeral director Simmons Funeral Home

(b) Address 1404 So. 37 N. E. Kc.

19. (a) 10-4-40 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 100 No. Mersington
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 3
year 1940 hour 4:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from Sept 27, 1940 to Oct 3, 1940
that I last saw him alive on Oct 2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Embolism Duration just minutes
Due to Obstructive carcinoma splenic flexum of colon 7 days
Due to ulceration of transverse colon with perforation (John)
Other conditions: _____
(Include pregnancy within 3 months of death) 46

Major findings: Large bowel obstruction PHYSICIAN _____
Of operations _____
Of autopsy as above listed 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?

(Specify type of place) _____ (e) Means of injury 1
While at work _____
23. Signature R. E. Corbett (M. D. or other) _____
Address 1002 Mersington Date signed 10-4-40
R. E. Corbett

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

N. N. Simmons, Registered Apprentice No. _____
working under my personal supervision.

Signed N. N. Simmons

Licensed Embalmer No. 3903

P. O. Address 1404 1/2 37 NOK

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.