

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41474**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4867 7**

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: **K.C. General Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **16 days**
(Specify whether years, months or days) **56 years**

3. (a) PRINT FULL NAME **Mary M. Corrigan**

8. (b) If veteran, name war **none** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **none** 6. (c) Age of husband or wife if alive **None** years

7. Birth date of deceased **March 19, 1884**
(Month) (Day) (Year)

8. AGE: Years **56** Months **9** Days **3** If less than one day **hr. min.**

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

10. Usual occupation **none**

11. Industry or business **none**

12. Name **Jeremiah Corrigan**

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

14. Maiden name **Ellen Murray**

15. Birthplace **Galena, Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Frank Corrigan**
(b) Address **621 Ash, Independence, Mo.**

17. (a) **Burial** (b) Date thereof **Dec 24 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director **Pettit & Sons Funeral Home**
(b) Address **2657 Independence**

19. (a) **12-23-40** (b) **H. M. Groves**
(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. **2706 Bales**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? **None** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **22nd**
year **1940** hour **1** minute **15** A.M. M.

21. I hereby certify that I attended the deceased from **12-6-40** to **12-22-40**, 19 **40**;
that I last saw him **alive** on **12-22-40**, 19 **40**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic Bronchopneumonia**

Due to **107**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?
361 (Specify type of place) (e) Means of injury

23. Signature **Henry R. Hoover** (M. D. or other)
Med. Dir. K.C. Gen. Hospital, K.C. Mo.
Address Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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. 267
working under my personal supervision.

Signed

J. H. Proctor

Licensed Embalmer No. 2999

P. O. Address K.C. Mo. G. L. H.

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.