

**FILED APR 15 1949**  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Joseph Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 27 Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5549 Tracy Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th  
year 1941 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from Sept 1940 to Mar 13 1941  
that I last saw him alive on March 13 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac - Left Ventricular Failure  
Right Heart Failure and Mitral Stenosis  
Due to Bilateral Tuberculosis N. M. D.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(b) Means of injury \_\_\_\_\_  
23. Signature J. H. Graham (M. D. or other) \_\_\_\_\_  
Address 518 Argyle Bldg Date signed 3-14-41

9. (a) PRINT FULL NAME Eugene A. SCANLAN.

3. (b) If veteran, name war -- 8. (c) Social Security No. ---

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 22nd, 1913  
(Month) (Day) (Year)

8. AGE: Years 27 Months 7 Days 21 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Lawyer

11. Industry or business \_\_\_\_\_

12. Name Emmett A. Scanlan

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

14. Maiden name Eva Kelley

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

16. (a) Informant Emmett A. Scanlan Jr.

(b) Address 5549 Tracy Ave.

17. (a) Burial (b) Date thereof 3/15/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Melody McGilley.

(b) Address K. C. Mo.

19. (a) 3/14/41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

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

16  
48  
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48  
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**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.....

Licensed Embalmer No. 2999

P. O. Address..... KC

**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.**

*Dr. [unclear],  
embalmer*