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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10887**

Registration District No. **398**

Primary Registration District No. **3019**

Registrar's No. **90**

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City Independence**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1497 N. Osage - Vail Sanitarium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Patrick Gallagher**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Anis Weise Gallagher**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **March 17 1849**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
92	0	11	hr. _____ min. _____

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

10. Usual occupation **Salesman**

11. Industry or business **Collum Commerce Co.**

MOTHER FATHER

12. Name **James Gallagher**

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

14. Maiden name **Ama E No Record**

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

16. (a) Informant **Joseph Campbell**

(b) Address **3226 E. 9th.**

17. (a) **Burial** (b) Date thereof **March 31, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Marys Cemetery**

18. (a) Signature of funeral director **Mrs. C. L. Forster**

(b) Address **918 Brooklyn, K. C. Mo.**

19. (a) **March 29 41** (b) **F. L. Cook M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City Indep. Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. **1497 N. Osage**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **28**
year **1941** hour **3:** minute _____ P. A. M.

21. I hereby certify that I attended the deceased from **June**, 1939, to **March 28**, 1941,
that I last saw him alive on **March 26**, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death **Septic**

Due to **Ascending pyelitis** **2 mo**

Due to **Chronic cystitis** **2 yr**

Other conditions **Arteriosclerosis** **10 yr**
(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?
360

(Specify type of place)
While at work? (e) Means of injury _____

23. Signature **J. L. Tucker** (M. D. or other) **11**
Address **Independence mo** Date signed **March 29**

James H. Davis

OCT 2 1956

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

me

Registered Apprentice No.

working under my personal supervision.

Signed

J. Blair Shepperd

Licensed Embalmer No.

4159

P. O. Address

V. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.