

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

NOV 1 1943 149

Registration District No. 149

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:
3910 College Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 35 Years.
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. 3910 College Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Miss Ella M. GAUGHAN.

3. (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
6. (c) Age of husband or wife if alive. **** years

7. Birth date of deceased October 3rd 1783
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>0</u>	<u>16</u>	hr. _____ min.

9. Birthplace Stubenville Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Secretary

11. Industry or business Pecks Dry Goods Co.

MOTHER FATHER {

12. Name Patrick Gaughan

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

14. Maiden name Margaret McTigue.

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

16. (a) Informant Mrs. N.A. Roberts.

(b) Address 3910 College Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/21/43
(Month) (Day) (Year)

(c) Place: burial or cremation Centralia Kansas

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

(b) Address K. C. Mo.

19. (a) 10-20-43 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19th
year 1943 hour 2 minute 25 P. M.

21. I hereby certify that I attended the deceased from July 19 1942
Oct 16 1943 to Oct 16 1943, 19____
that I last saw him alive on Oct 16 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach. Duration 1 Yr.

Due to _____
Due to 46hr

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)
(c) Means of injury _____
23. Signature Dr. John P. Brown (M. D. or other) MD
Address 14022 Centrely Date signed 10-20-43

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 Russell N France

Licensed Embalmer No. 4255

P. O. Address K. E. MO

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, fact should be so stated above.