S. No. 2
0M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37426

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4945

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. Mary's Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community 45 years

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.: 416 West 35th Street
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) O

If yes, name country

3. (a) PRINT FULL NAME: JOHN NANGLE

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

3. (c) Social Security No.: none

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Catherine

6. (c) Age of husband or wife if alive: 73 years

7. Birth date of deceased: April (Month) 6th (Day) 1864 (Year)

8. AGE: Years 79 Months 7 Days 15 If less than one day hr. min.

9. Birthplace (City, town, or county) Ireland (State or foreign country) 4

10. Usual occupation: Retired 3 years

11. Industry or business: Meat Broker

MOTHER FATHER

12. Name: Patrick Nangle

13. Birthplace (City, town, or county) Ireland (State or foreign country) 4

14. Maiden name: Eleanor McDonough

15. Birthplace (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant: Mrs. Catherine Nangle

(b) Address: 416 West 35th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/43 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Mary's Cemetery

18. (a) Signature of funeral director: Quirk and Dolan Co.

(b) Address: 20 W. Linwood, K.C., Mo.

19. (a) 11-28-43 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 21 year 43 hour 4:20 minute A M.

21. I hereby certify that I attended the deceased from Otherwise, 19..; that I last saw h alive on 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Intracerebral hemorrhage of brain

Due to: Spontaneous hemorrhage

Due to: Chronic Hypertensive Rx

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations: 170 cc
Of autopsy: See above 21

Duration

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): Accident 123

(b) Date of occurrence: 11/12/43

(c) Where did injury occur? Home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? No (e) Means of injury: Fall

23. Signature: [illegible] (M. D. or other) 11/22/43

Address: [illegible] Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2810

P. O. Address.....

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.