

7. S. No. 2  
DOM-5-43  
Rev. 5-17-39  
I X36571

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40103**  
Registrar's No. **4959**

Registration District No. **149**

Primary Registration District No. **1002**

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:  
**General Hospital No. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **17 Days**  
(Specify whether  
In this community **60 Yrs**  
years, months or days)

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. **810 E. 31st**  
(If rural, give location)  
(e) Citizen of foreign country? **No**  
(Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mrs. Anna Gallagher**  
3. (b) If veteran, name war **no**  
3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **Wht**  
6. (a) Single, widowed, married, divorced **widow**  
6. (b) Name of husband or wife **John Gallagher**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **June 19 1866**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>79</b>	<b>5</b>	<b>12</b>	hr. _____ min.

9. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **none**

11. Industry or business \_\_\_\_\_  
12. Name **Robert Graham**  
13. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Rachael Dunlap**  
15. Birthplace **unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. E. G. Gibbs**  
(b) Address **2900 Charlotte St. K.C. Mo.**  
17. (a) **burial** (b) Date thereof **12-3-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Mt Moriah Cem/**

18. (a) Signature of funeral director **Simmons F. Home**  
(b) Address **1404 So. 37th St. C. Mo.**  
19. (a) **12-2-45** (b) **Heraldine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec.** day **1**  
year **1945** hour **11** minute **15 A.M.**  
21. I hereby certify that I attended the deceased from **Nov. 14**, 19**45** to **Dec. 1**, 19**45**.  
that I last saw her alive on **Dec. 1**, 19**45**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Circulatory failure**  
Duration \_\_\_\_\_  
Due to **coronary atherosclerosis and myocardial fibrosis; intertrochanteric fracture of left hip**  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **Same as above**  
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**  
(b) Date of occurrence **11-14-45**  
(c) Where did injury occur? **K. C. Jackson, Mo.**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**In front of above address**  
While at work? **No** (Specify type of place)  
(c) Means of injury **Fall (r)**  
23. Signature **Clark W. Seeliff**  
Address **Med. Dir. Gen'l Hosp.**  
Date signed **12-1-45**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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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.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.**