

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
 (c) Name of hospital or institution: 3133 Garfield
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
 In this community 20 years
 (Specify whether 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. 3133 Garfield
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Margaret Alice Alice Margaret Corrigan
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 30
 year 1946 hour 7 minute 15 P.
 21. I hereby certify that I attended the deceased from 28 March '46
 to 30 March, 1946
 that I last saw her alive on 30 March, 1946
 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Wm. M. Corrigan
 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased July 12 1874
 (Month) (Day) (Year)

Immediate cause of death Coronary occlusion
 Duration 5 days

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>8</u>	<u>18</u>	hr. _____ min. _____

Due to _____
 Due to _____
 Other conditions Bronchial Virus pneumonia
 (Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife
 At home

Major findings: _____
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Name of father Bernard O'Rourke
 Birthplace Unknown Ireland
 (City, town, or county) (State or foreign country)

12. Maiden name Jennie Barnes
 Birthplace Unknown Kentucky
 (City, town, or county) (State or foreign country)

(a) Informant Mrs. C. P. Manard
 (b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof 4-3-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Mary's, Macon, Mo.

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)
 (e) Means of injury _____

18. (a) Signature of funeral director Melody-McGilley-Eylar
 (b) Address 1800 Linwood Blvd., K.C., Mo.

19. (a) 4-2-46 (b) Geraldine Holmes
 (Date received local registrar) (Registrar's signature)

23. Signature Albert H. Luffen (M. D. or other)
 Address 5845 Prospect Date signed 1st April 1946

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

8271

COPIES MADE BY _____

5845 Prospect JA 6434

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.....

2999

P. O. Address.....

CC

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 9345-46

State of mo
County of Jackson ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1563

On this 5 day of August, 1947, before me appears Wm M Carrigan who, upon his oath, states that the original record of ^{birth} death for Alice Margaret Carrigan ^{died} March 30-1946, 19....., in the State of Missouri, and which was filed at K.C. Mo on 4-3-46, 19....., should be corrected as follows:

Item No. 3 should read Margaret Alice Carrigan
Instead of Alice Margaret Carrigan

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Wm M Carrigan - hus
Relationship.

3137 Garfield K.C. Mo
Present Address.

Subscribed and sworn to before me this 5th day of August, 1947.

My Commission expires Oct 20, 1947 Barrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

9345