

FILED MAR 27 1948

Registration District No. 149 Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: St. Joseph Hosp.
(d) Length of stay: In hospital or institution 5 weeks
In this community 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 2906 Wabash Ave
(e) Citizen of foreign country? -

3. (a) PRINT FULL NAME: FLORENCE CATHERINE EAGAN

3. (b) If veteran, name war no 3. (c) Social Security No. 486-26-8044

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 1 years
7. Birth date of deceased April 4 1889

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>11</u>	<u>9</u>	hr. min.

9. Birthplace Randolph Co. Mo.

10. Usual occupation stenographer

11. Industry or business Sallaghan Bros. Insurance

12. Name Barnes S. Eagan

13. Birthplace Randolph Co. Mo.

14. Maiden name Mary E. Sears

15. Birthplace Randolph Co. Mo.

16. (a) Informant Soldier W. Eagan

(b) Address 210 Samalpais Valley

17. (a) Removal (b) Date thereof 3-14 Calif.

(c) Place: burial or cremation Pravie Hill Mo.

18. (a) Signature of funeral director M. P. Foster

(b) Address 964 Brooklyn

19. (a) 3-13-46 (b) Seraldine Holmes

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 13 year 1946 hour - minute 6 A. M.

21. I hereby certify that I attended the deceased from Feb. 10 1946 to 3-13 1946; that I last saw her alive on 3-12 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Pancreas Duration unknown

Due to 468

Other conditions (include pregnancy within 3 months of death)

Major findings: Adenocarcinoma

Of autopsy Cancer of Pancreas

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

23. Signature Paul M. Johnston (M. D. or other)

Address 400 Argyle Bldg Date signed 3-13-46

PHYSICIAN
Underline the cause to which death should be charged statistically.

124478

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..... *Cortland M. Mui*.....

Licensed Embalmer No. *3414*.....

P. O. Address..... *918 Brooklyn*.....

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.)

R. C. Mui

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