

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

State File No. **13136**  
Registrar's No. **1821**

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:  
**1610 Drury**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **No** (Specify whether)  
In this community **14 yrs**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1610 Drury**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Robert C. Galvin**  
(b) If veteran, name war **No** (c) Social Security No. **No**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **April** day **18**  
year **1946** hour **12** minute **PM** M.  
21. I hereby certify that I attended the deceased from  
19... to 19...  
that I last saw him alive on 19...  
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Millie Galvin** 6. (c) Age of husband or wife if alive **75** years  
7. Birth date of deceased **8/27/1859**  
(Month) (Day) (Year)

Immediate cause of death **Coronary Occlusion**  
Due to  
Due to  
Other conditions **Sexually**  
(Include pregnancy within 3 months of death)

8. AGE: Years **86** Months **7** Days **21** If less than one day hr. min.

9. Birthplace **Jackson Co. Mo.**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Farmer**

Major findings: **No operation**  
Of operations  
Of autopsy **no autopsy**  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

11. Industry or business **Retired**  
12. Name **Cornelius Galvin**  
13. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Nancy Painter**  
15. Birthplace **Ky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Dollie Fitzpatrick**  
(b) Address **1610 Drury**  
17. (a) **Burial** (b) Date thereof **4/20/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Ft. Scott, Kans.**

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?

18. (a) Signature of funeral director **John P. Sheil**  
(b) Address **Kansas City, Mo.**  
19. (a) **4-19-46** (b) **A. Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place)  
(e) Means of injury  
23. Signature **J. W. Owen** (M. D. or other)  
Address **Kansas City Mo** Date signed **4/19/46**

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..... *John P. Shiel* .....

Licensed Embalmer No. *3625* .....

P. O. Address..... *6640* .....

**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.**