

U.S. No. 2
 FORM-5-43
 Rev. 5-17-39
 I X38671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED JUN 10 1946
 THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16602**
 Registrar's No. **2405**

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: **ST. JOSEPH'S HOSPITAL**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **4 DAYS**
 In this community **45 YEARS**
 years, months or days (Specify whether)

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. **1107 MONROE AVENUE**
 (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **JAMES PATRICK COSGROVE**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **May** day **29**
 year **1946** hour **12** minute **10 P.** M.
 21. I hereby certify that I attended the deceased from **Sept**
 _____, 19**45**, to **5-29**, 19**46**
 that I last saw h **alive** on **5-29**, 19**46**
 and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **WHITE**
 6. (a) Single, widowed, married, divorced **WIDOWED**
 6. (b) Name of husband or wife **MARY C. COSGROVE**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **MARCH 6 1862**
 (Month) (Day) (Year)

Immediate cause of death
Acute Cardiac dilation
 Due to **arteriosclerosis**
 Due to **congestion of peritoneum**
 Other conditions (Include pregnancy within 3 months of death) **51 lb**
 Major findings: Of operations **as above**
 Of autopsy **as above**

8. AGE: Years **84** Months **2** Days **25**
 If less than one day **23** hr. _____ min.

Duration **10 hours**
PHYSICIAN
 Underline the cause to which death should be charged statistically.

9. Birthplace **LEAVENWORTH KANSAS**
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business **HARDWARE STORE (OWNER)**

MOTHER FATHER
 12. Name **JOHN COSGROVE**
 13. Birthplace **ON AMERICAN WATERS - LOUISIANA**
 14. Maiden name **WINIFREDD BRENNAN**
 15. Birthplace **SLOGO COUNTY IRELAND**
 (City, town, or county) (State or foreign country)

16. (a) Informant **MISS EDNA COSGROVE**
 (b) Address **1107 MONROE AVENUE**

17. (a) **REMOVAL** (b) Date thereof **JUNE-2-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **LEAVENWORTH KANSAS (CALVARY CEMETERY)**

18. (a) Signature of funeral director _____
 (b) Address **3256 BROADWAY**

19. (a) **5-31-46** (b) **J. F. Holmes**
 (Date received local registrar) (Registrar's signature)

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?
 (Specify type of place) _____ (e) Means of injury _____
 23. Signature **J. F. Holmes** (M. D. or other) **MD**
 Address **1107 Monroe Ave. C.M.D.** Date signed **5-31-46**

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

154854

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.....

Paul H. Rowe

Licensed Embalmer No.....

2347

P. O. Address.....

J. C. Mo.

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.