S. No. 2
—12-45
5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1947

Registration District No. 749

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 4779

Registrar's No. 865

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: 3847 WYANDOTTE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 20 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 3847 WYANDOTTE
(If rural, give location)

(e) Citizen of foreign country? unknown (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME MR MICHAEL HENRY COLGAN

3. (b) If veteran, name war NO

3. (c) Social Security No. none

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LULA COLGAN

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased MARCH 17 - 1861
(Month) (Day) (Year)

8. AGE: Years 85 | Months 11 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED MINER 15 YEARS

11. Industry or business LEAD + ZINC

FATHER
12. Name THOMAS COLGAN
13. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ELLEN
15. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. LULA COLGAN
(b) Address 3847 WYANDOTTE, K.C., MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-26-47
(Month) (Day) (Year)
(c) Place: burial or cremation JOPLIN, MISSOURI

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 2-26-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 24th
year 1947 hour 9 minute 40 P M.

21. I hereby certify that I attended the deceased from Jan 1, 1947, 19.., to Feb 24, 1947
that I last saw him alive on Feb 24, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	10 yrs
Due to Chronic Nephritis	10 yrs
Due to Arteriosclerosis	10 yrs
Other conditions Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations NO
Of autopsy NO

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) .....
(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)
While at work? ..... (e) Means of injury O

23. Signature M B Casebottom (M.D. or other)
Address 4600 Ballaway K.C. MO Date signed 2/25/47

(Licensed Embalmer's Statement on Reverse Side)

4000 ~~[illegible]~~ St. Va 3/15
Baltimore

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 Earl Papp

Licensed Embalmer No. 3458

P. O. Address K. 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.