

State File No. _____

FILED MAR 3 1947

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 717

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:
2424 Chelsea
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 yrs
years, months or days

3. (a) PRINT FULL NAME Thomas Patrick Duggan

3. (b) If veteran, name war No 3. (c) Social Security No. 702-41-5506

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose Leona Duggan
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Feb. 14 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 0 0 _____ hr. _____ min.

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

10. Usual occupation Retired Switchman

11. Industry or business Mo. Pac. Ry.

MOTHER FATHER

12. Name Patrick Duggan

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Farrell

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Rose Leona Duggan

(b) Address 2424 Chelsea

17. (a) Furial (Burial, cremation, or removal) (b) Date thereof Feb. 17 1947
(Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cem.

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn

19. (a) 2-16-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

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. 2424 Chelsea
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14
year 1947 hour 10 minute 40 P. 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.
Immediate cause of death Coronary Arteriosclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93rd

Major findings: Of operations _____

Of autopsy History of angina

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) Means of injury _____

23. Signature A. E. Cooper (M. D.)
Address 2800 Main Date 2/16/47

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

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..... *Dean Owens*

• Licensed Embalmer No. *4280*

• P. O. Address..... *918 Brooklyn*
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.