

S. No. 2
DM-5-43
v. 5-17-39
I X36571

FILED JUN 9 1947
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
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Roanoke Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 years
(Specify whether years, months or days)

In this community 20 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3660 Summit Street 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Margaret COUGHLIN

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife John T. Coughlin

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

7. Birth date of deceased November 26, 1862
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1947 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1937
May 1947 to May 27 1947
that I last saw her alive on May 26 1947
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction

Duration _____

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>6</u>	<u>1</u>	hr. _____ min. _____

Due to _____

Due to _____

Other conditions benignly
(Include pregnancy within 3 months of death)

Major findings: no m/p a3d

Of operations _____

Of autopsy no autopsy

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

10. Usual occupation Invalided

11. Industry or business At home

MOTHER { 12. Name James Gannon

13. Birthplace England 4
(City, town, or county) (State or foreign country)

14. Maiden name Ann

15. Birthplace England 4
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. John Ferris

(b) Address 5110 Virginia, K. C., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-28-47
(Month) (Day) (Year)

(c) Place: burial or cremation Osage City, Kansas

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 5-27-47 (Date received local registrar) (b) Geraldine Holmes (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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature J. N. Curran (M. D. or other) _____
Address 1034 R. 10, S. Mo. Date signed 5/27/47

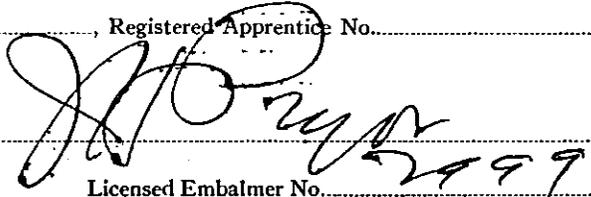
Dr. P. H. Owens
Rialto Bldg.

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.....


.....
Licensed Embalmer No..... 2499

P. O. Address..... LEC

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.