S. No. 2
—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 29 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31188

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3929

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 General Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community unknown

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. 3320 East 23rd Street 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Katherine Fagan
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 James Fagan 6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 19 (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
73	10	~~28~~ 25	hr. min.

9. Birthplace Wilks Barre Pa. (City, town, or county) (State or foreign country)
10. Usual occupation none
11. Industry or business
MOTHER FATHER
12. Name William Wallace
13. Birthplace Penn. (City, town, or county) (State or foreign country)
14. Maiden name Katherine Casey
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Marie Moore
(b) Address 3320 E. 23rd St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 17 (Month) (Day) 47 (Year)
(c) Place: burial or cremation St. Mary's
18. (a) Signature of funeral director Ouriq & Tobin Co.
(b) Address 20 W. Linwood
19. (a) 9-15-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 14 year 1947 hour 7 minute 45 A.M.
21. I hereby certify that I attended the deceased from September 7, 1947 to September 14, 1947 that I last saw her alive on September 14, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arterio sclerotic and old Rheumatic Heart disease Decompensation	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 9311
Of autopsy

PHYSICIAN — Underline the cause of 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) 0
While at work? (e) Means of injury
23. Signature Wm W. Hart (M.D. or other) MD
Address Med. Dir. General Hosp. #1 Date signed 9-14-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

LICENSED EMBALMER

everse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....

Signed John J. Conroy

Licensed Embalmer No. 4424

P. O. Address.....

EMBALMER in his OWN HANDWRITING. (Failure to comply with