

S. No. 2
M-5-43
r. 5-17-39
p I X36671

FILED NOV 8 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:
2516 MONROE
(If not in hospital or institution, write street number or location)

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

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. **2516 MONROE**
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME **CORNELIUS J. DUGGAN**

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **492-26-6314**

4. Sex **MALE**

5. Color or race **WHITE**

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

6. (b) Name of husband or wife **KATHERINE CECILIA**

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

7. Birth date of deceased **JULY 13 1874**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 **3** **15** hr. min.

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

10. Usual occupation **RETIRED--FORMERLY EMPLOYEE**

11. Industry or business **NORRIS GRAIN CO FORMERLY--DEPUTY COUNTY CLERK**

MOTHER FATHER

12. Name **TIMOTHY DUGGAN**

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

14. Maiden name **MARY DEVINE**

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

16. (a) Informant **MISS MARGARET DUGGAN**

(b) Address **5320 HIGHLAND**

17. (a) **BURIAL** (b) Date thereof **10-30-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT. ST. MARY'S CEMETERY**

18. (a) Signature of funeral director **J. F. O'Connell**

(b) Address **3256 BROADWAY**

19. (a) **10-29-47** (b) **Heraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCTOBER** day **28th**, year **1947** hour **6:00** minute **A. M.**

21. I hereby certify that I attended the deceased from **June**, 19**47** to **Oct. 28**, 19**47** that I last saw him alive on **Oct. 12**, 19**47** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary atherosclerosis**

Due to **Chr. myocarditis**

arterio sclerosis

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

Major findings: Of operations.....

Of autopsy.....

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?.....

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature **W. W. Gier** (M. D. or other)

Address **1103 Grand** Date signed **29 Oct 47**

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 G. Rowe

Licensed Embalmer No. 2347

P. O. Address 16 E. 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.