

FILED SEP 4 1948
Registration District No. 49

Primary Registration District No. 1002

18
3
8

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:
St. Mary's Hospital 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 months
 (Specify whether years, months or days)
 In this community 3 months

3. (a) PRINT FULL NAME Vincent C. FAGAN
 3. (b) If veteran, name war NO
 3. (c) Social Security No. 702-12-0003

4. Sex male 0 5. Color or race white
 6. (a) Single, widowed, married, divorced Widowed 2
 6. (b) Name of husband or wife Essie Fagan
 6. (c) Age of husband or wife if alive 3 years 1891 (Year)

7. Birth date of deceased March 3, 1891
 (Month) (Day) (Year)

8. AGE: Years 57 Months 5 Days 24
 If less than one day hr. _____ min. _____

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

10. Usual occupation Mechanical Supervisor

11. Industry or business K. C. Southern Railroad

12. Name John F. Fagan
 13. Birthplace Sheffield, England
 (City, town, or county) (State or foreign country)

14. Maiden name Katherine Coleman
 15. Birthplace London, England
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara Sanders
 (b) Address Pittsburg, Kansas

17. (a) Burial (b) Date thereof 8-30-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery
 18. (a) Signature of funeral director Melody-McGilley-Eylar
 (b) Address Kansas City, Missouri

19. (a) 8-28-48 (b) Stearldine
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Kansas (b) County Crawford
 (c) City or town Pittsburg
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 27
 year 1948 hour 10 minute 52 A.M.

21. I hereby certify that I attended the deceased from 7-7-48 to 8-27-48
 that I last saw him alive on 8-27-48 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Coronary artery disease
 Due to _____
 Duration _____

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

Major findings: 942
 Of operations: _____
 Of autopsy: _____
 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) no
 (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 _____
 Signature W. W. Wynn (M. D. certifier)
 Address Pittsburg, Mo Date signed 8-28-48

Dr. Walter Kille,
Argus Bldg.,
Ast. Capt. 1005
3701

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.....
P. O. Address.....

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.