FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 20 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36460

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 4477

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: 733 CHERRY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community 59 YEARS

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. 733 CHERRY 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME JOHN J. CORRIGAN
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex MALE C
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife NELLE CORRIGAN
6. (c) Age of husband or wife if alive UNKNOWN years
7. Birth date of deceased AUGUST (Month) 7 (Day) 1889 (Year)
8. AGE: Years 59 Months 2 Days ~~25~~ 24 If less than one day ____ hr. ____ min.
9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation RETIRED
11. Industry or business ____
MOTHER FATHER
12. Name THOMAS CORRIGAN 4
13. Birthplace ____ (City, town, or county) IRELAND (State or foreign country) 1
14. Maiden name MARY REDMOND
15. Birthplace ____ (City, town, or county) IRELAND (State or foreign country) 1
16. (a) Informant MRS. NELLE CORRIGAN
(b) Address 733 CHERRY
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof ~~10~~ 11-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation MT. ST. MARY'S CEMETERY
18. (a) Signature of funeral director J. F. Donnelly
(b) Address 3256 BROADWAY
19. (a) 11-3-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 1 year 1948 hour ____ minute P M.
21. I hereby certify that I attended the deceased from 10-27, 1948, to Nov 1, 1948; that I last saw him alive on Nov 1, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	cerebral hemorrhage	Duration
Due to		
Due to		
Other conditions (Include pregnancy within 3 months of death)	83	

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature D. M. Nigro (Specify type of place) D. M. Nigro M.D. (M. D. or other)
Address 925 Argyle Date signed 11/3/48

(Licensed Embalmer's Statement on Reverse Side)

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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address St. L. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.