

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5636
 Do not use this space.

REC'D MAR 14 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399

(b) Township Kay Primary Registration District No. 1002

(c) City Kansas City (d) Street No. 4117 S. Benton St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Buena V. Maloney 450

(a) Residence, No. 4117 S. Benton St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -- Thomas A. Maloney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 1st 1888

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>49</u>	<u>11</u>	<u>5</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

FATHER

13. NAME W. G. Dodd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Mary Conningham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/7/38 1938

22. I HEREBY CERTIFY, That I attended deceased from 2.7.1938 to 2.7.1938

I last saw her alive on 2.7.1938 Death is said to have occurred on the date stated above, at 2:10 P. M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset 2.1.38

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Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) Jas. R. Hoall M. D.
 (Address) 676 Lathrop Bldg

17. INFORMANT Mrs. W. R. B. Miller
 (ADDRESS) 2925 Baltimore Ave.

18. BURIAL, CREMATION, OR REMOVAL Burial
 PLACE Mt. St. Marys DATE Feb 9 1938

19. FUNERAL DIRECTOR W. F. Layberry
 (ADDRESS) 2315 Linwood Blvd N. E.

20. FILED 2711 W. F. Layberry
 Local Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

*Franklin D. King
Dec 29 1968*

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)