

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

Rev. 5-17-39  
1 X19511

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 11 1940  
Registration District No. 399

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 5693  
Registrar's No. 918

Primary Registration District No. 1002

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: 2505 Peery  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 years (Specify whether  
In this community 11 years  
years, months or days)

3. (a) PRINTED FULL NAME EDWARD JAMES MAHONEY  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 24 1877  
(Month) (Day) (Year)

8. AGE: Years 62 Months 10 Days 3 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Neosho Falls Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Simon Mahoney  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Fitzpatrick  
15. Birthplace New York  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. J. E. Krause  
(b) Address 2505 Peery

17. (a) Burial (b) Date thereof Feb 29-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Peery Kansas

18. (a) Signature of funeral director J. W. Wagner  
(b) Address Kansas City, Mo.

19. (a) Feb. 28, 1940 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

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. 2505 Peery  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February day 27th  
year 1940 hour 2 minute 30 AM.

21. I hereby certify that he attended the deceased from July 29 to July 27 1940  
that I last saw him alive on July 27 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Spontaneous labor upper Duration 2 days  
Dues Subsistence 124 10 2 weeks

Dues Carriage of the body unknown  
Other conditions Spontaneous labor of placenta  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: Of operations \_\_\_\_\_  
Of autopsy Spontaneous labor of placenta  
could determine found in fact  
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) None  
(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 Geo. F. Samuel (M. D. or other)  
Address 900 Reels Bldg Date signed \_\_\_\_\_

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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 Cecil R. Mattheis

Licensed Embalmer No. 3807

P. O. Address D. C. 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, above space should be left blank.