

**JAN 8 1940**  
Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4587**

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**543 Troost In Rear Alley**  
(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 **21 Year**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **James Maroon**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **196-160-0642**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Bernice Maroon**

6. (c) Age of husband or wife if alive **30** years

7. Birth date of deceased **Feb. 17, 1904**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<b>36</b>		<b>9</b>	<b>13</b>	hr. _____ min.

9. Birthplace **Triply Assyrian**  
(City, town, or county) (State or foreign country)

10. Usual occupation **City Inspector**

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

12. Name **Joseph Maroon**

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

14. Maiden name **Adel Sibbee**

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

16. (a) Informant **Joseph Maroon**

(b) Address **810 Olive St.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **Dec. 3 1940**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. St. Marys**

18. (a) Signature of funeral director **Passantino Bro's.**

(b) Address **Kansas City Mo.**

19. (a) **12-2-40** (Date received local registrar)

(b) **M. M. Brown** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**

(c) City or town **Kansas**  
(If outside city or town limits, write "RURAL")

(d) Street No. **3224 E. 10 St.**  
(If rural, give location)

(e) If foreign born, how long in U. S. A. **21 Year** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **30**  
year **1940** hour **7** minute **45** AM

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I was ~~present~~ **absent** alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

**Sunshot wound of head**

Due to \_\_\_\_\_

Due to \_\_\_\_\_ **193**

Other conditions \_\_\_\_\_  
(include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy **Yes**

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) **Homicide**

(b) Date of occurrence **11-30-40**

(c) Where did injury occur? **K.P. MO**  
(City or town) (County)

(d) Did injury occur in or about home, on farm, in industrial place, or public place? **5**

While at work? \_\_\_\_\_  
(Specify type of place) (a) Means of injury

23. Signature **M. M. Brown** (M. D. or other) \_\_\_\_\_

Address **K.C. Mo.** 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 Park G. Rowe.....

Licensed Embalmer No. 2347.....

P. O. Address K. 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.**