

Registration District No. **399**

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:
1610 Valentine Road,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no.**
(Specify whether years, months or days)
In this community **57 years,**

3. (a) PRINT FULL NAME **Mrs. Blanche Regina Maloney,**
3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married,**
6. (b) Name of husband or wife **Walter V. Maloney,** 6. (c) Age of husband or wife if alive **58** years
7. Birth date of deceased **January 10 1884**
(Month) (Day) (Year)

8. AGE: Years **57** Months **0** Days **2** If less than one day
hr. min.

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

10. Usual occupation **Housewife,**

11. Industry or business **X**

MOTHER FATHER { 12. Name **James W. Gilkison,**
13. Birthplace **Kansas,**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Jane Sweeney,**
(City, town, or county) (State or foreign country)
15. Birthplace **Kansas,**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dorothy Maloney,**

(b) Address **1610 Valentine Road, K. C., Mo.**

17. (a) **Burial,** (b) Date thereof **1- -41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery,**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **Jan 13 1941** (b) **M. M. Grome**
(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. **1610 Valentine**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **12th,**
year **1941** hour **4:30** minute _____ P.M.

21. I hereby certify that I attended the deceased from **Sept 8** 19**40** to **Jan 12** 19**41**;
that I last saw him alive on **Jan 10** 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of breast with metastases

Due to **Carcinoma of breast** 14 Mos.
Due to _____

Other conditions **SO**
(Include pregnancy within 3 months of death)

Major findings: **Carcinoma of breast with axillary extension**
Of operations _____
Of autopsy _____

Duration
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Lawrence P. Engel** (M. D. or other) _____
Address **Plaza West Plaza** Date signed **Jan 13 1941**

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

Dr. Lawrence P. Engel

PLAZA Med. Bldg.

L.O. - 3450

12 P.M.

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

E. M. Plaut

Licensed Embalmer No. *1848*

P. O. Address *T. 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, fact should be so stated above.