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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24122

FILED AUG 16 1941

Registration District No. 19 Primary Registration District No. 1002 Registrar's No. 2661

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:
St. Marys Hosptial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Months (Specify whether years, months or days)
In this community 58 yrs. 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 047 3 2
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1248 No. Askew
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) U
If yes, name country

3. (a) PRINT FULL NAME John James ~~O'Malley~~ O'Maley

3. (b) If veteran, name war No.

3. (c) Social Security No. 702-12-1897

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Lena R. O'Maley

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased May 6 1883 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
58	2	8	hr. min.

9. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Engine Watchman

11. Industry or business R.C.S. Ry.

MOTHER FATHER
12. Name John Thomas O'Maley
13. Birthplace (City, town, or county) Ireland (State or foreign country) 4
14. Maiden name Gertrude
15. Birthplace (City, town, or county) Holland (State or foreign country) 8

16. (a) Informant Lena R. O'Maley
(b) Address 1248 - No. Askew

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July-16-41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Cem

18. (a) Signature of funeral director Mrs C. R. Foster
(b) Address 918 Brooklyn K.C. Mo

19. (a) July 15 1941 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1941 hour 7:30 minute a M.

21. I hereby certify that I attended the deceased from May 22 1941 to July 14 1941 that I last saw him alive on July 13 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Coronary Sclerosis
Chronic myocarditis

Due to Pulmonary Embolism

Due to Severe alcoholism

Other conditions (Include pregnancy within 3 months of death) Gitter

Major findings:
Of operations 42 H

Of autopsy yes

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) no
(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? no
While at work? no (Specify type of place) (e) Means of injury

23. Signature C. P. Mellen (M. D. or other) 0
Address 800 Angy Dr. Date July 14 41

561 (Licensed Embalmer's Statement on Reverse Side)

Vi. 9878

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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed J. Clair Shuppard

Licensed Embalmer No. 7779

P. O. Address K. C. Mo.

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

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