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K23159

DEC 22 1941 3 99

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 4408

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: 3700 Wyandotte  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 53 years  
years, months or days

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. 3700 Wyandotte  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mrs. Katharyn D. Maloney

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28th day November  
year 1941 hour 5 minute 30 AM.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Richard Maloney, deceased

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

7. Birth date of deceased July 28 1865  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 18, 1941, to Nov. 28, 1941; that I last saw her alive on Nov. 27, 1941; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>4</u>	<u>0</u>	hr. _____ min.

Immediate cause of death Cerebral hemorrhage - associated left hemiplegia Duration 7 days

Due to arteriosclerosis and hypertension

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

9. Birthplace Monroe Co. Missouri  
(City, town, or county) (State or foreign country)

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

10. Usual occupation \_\_\_\_\_

11. Industry or business At Home

MOTHER FATHER { 12. Name James C. Davis

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Brown

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Earl D. Maloney

(b) Address 3700 Wyandotte

17. (a) Burial (b) Date thereof 12-1-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 11-28-41 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

23. Signature Joseph Walker (M. D. or other) MD  
Address 1536 Prof. Bldg. Date signed 11/25/41  
Ramos City, Mo.

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

*JHS*

*1-30-4-30  
11-6-08  
11-6-08  
11-6-08  
11-6-08  
11-6-08*

**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 *Clarence W. Chubb*

Licensed Embalmer No. *3473*

P. O. Address *76 E 760*

**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.**