

FILED MAR 16 1942

Registration District No. 279

Primary Registration District No. 1002

Registrar's No. 916

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:
5111 Warnell Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 5 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. 5111 Warnell Road
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th
year 1942 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb. 18
1942 to March 5 1942
that I last saw her alive on Feb. 26 1942
and that death occurred on the date and hour stated above.

Immediate cause of death:
chronic cardiac
valvular disease
(with regurgitation)
Due to 92B
Other conditions General arteriosclerosis
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations no operation
Of autopsy no autopsy

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? _____

(Specify type of place)
While at work? _____ (c) Means of injury _____
23. Signature Herbert W. Stufaden (M. D. or other) _____
Address 1103 Grand Date signed 3/5/42

3. (a) PRINT FULL NAME Margaret Ann Mooney

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 18 1/2 years

7. Birth date of deceased August 1 1863
(Month) (Day) (Year)

8. AGE: Years 78 7/0 Months 7 Days 4 If less than one day hr. min.

9. Birthplace Three Rivers 2 Canada
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Peter Mooney

13. Birthplace Unknown 4 Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Martin

15. Birthplace Unknown 2 Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Lyons

(b) Address 5111 Warnell Rd. K.C., Mo.

17. (a) Removal (b) Date thereof Mar. 5, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph, Mo.

18. (a) Signature of funeral director Herbert W. Stufaden

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) 3/5/42 (b) M. M. Crowl
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

15/11/20 11:11

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..... *Albert C. Harrington*
Licensed Embalmer No. *3228*
P. O. Address..... *St. Joseph, 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.