

FILED AUG 19 1942

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3054

48
8598

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

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:
3403 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 50 years
years, months or days

3. (a) PRINT FULL NAME Miss Nellie E Mahoney
 3. (b) If veteran, name war No
 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 _____ years

7. Birth date of deceased: unk
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>app. 20</u>			hr. _____ min.

9. Birthplace: East St Louis Ill
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Mahoney

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

14. Maiden name No record

15. Birthplace No record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Terrence Dolan

(b) Address 3401 Benton

17. (a) Removal (b) Date thereof Aug 14 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St Louis, Ill.

18. (a) Signature of funeral director Durk and Robin Co

(b) Address 20 West Linwood

19. (a) 8-13-42 (b) M. M. Brown
(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. 3403 Wyandotte
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11th day August
 year 1942 hour 12:30 minute P M.

21. I hereby certify that I attended the deceased from Aug - 16 1942, to Aug - 12 1942, that I last saw her alive on Aug 11 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Due to Hypertension

Due to Chronic pseudocystitis

Other conditions 920W
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____

Duration

10 yrs?

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 Clyde Switzer (M. D. or other) _____

Address 636 Ogyle Rd Date signed 8-13-42

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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.....
John J. Conway, Registered Apprentice No. *307*
working under my personal supervision.

Signed.....

Harold Perry
Licensed Embalmer No. *4097*

P. O. Address.....

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.