

FILED AUG 17 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2966

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

1. PLACE OF DEATH: **Jackson**

(a) County **Kansas City**

(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **4318 Forest Ave. 1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. **40 years**
(Specify whether years, months or days)

In this community **40 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**

(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")

(d) Street No. **4318 Forest Ave.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country. **D**

3. (a) PRINT FULL NAME **Mrs Maria O'Malley**

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

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **3rd**
year **1942** hour **5.15 P.M.** M.

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced. **Widow**

6. (b) Name of husband or wife **Edward O'Malley**

6. (c) Age of husband or wife if alive. **2** years

7. Birth date of deceased **May 10, 1866**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **1939** to **Aug 3** 19**42**; that I last saw her, alive on **Aug 3** 19**42** and that death occurred on the date and hour stated above.

8. AGE: Years **75 76** Months **10** Days **23** If less than one day **hr. min.**

9. Birthplace **County Mayo, Ireland** **4**
(City, town or country) (State or foreign country)
At Home

10. Usual occupation **At Home**

Immediate cause of death **Fracture femur**
Senility

Due to **Fracture femur**

Due to **Senility**

Other conditions **1866**
(Include pregnancy within 3 months of death)

11. Industry or business

MOTHER FATHER { 12. Name **John Grogan**

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

14. Maiden name **Mary Joyce**

15. Birthplace **Ireland** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Terry McArdle**

(b) Address **4318 Forest Ave.**

17. (a) **Burial** (b) Date thereof **Aug. 6, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
St. Marys

(c) Place: burial or cremation

18. (a) Signature of funeral director **Thomas E. Quirk Funeral Home**
(Specify type of place)

(b) Address **4316 Troost Ave.**

19. (a) **8-6-42** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

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) **Acc 123**

(b) Date of occurrence **Aug 3**

(c) Where did injury occur? **Home**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home**

23. Signature **Thomas E. Quirk** (M. D. or other) **Acc fall**
Address **313 Madison** Date signed **8-5-42**

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.....

Licensed Embalmer No.....

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.