

Registration District No. 279

Primary Registration District No. 1002

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: St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days.
(Specify whether years, months or days)

In this community 60 yes
years, months or days

3. (a) PRINT FULL NAME James E. MALONEY

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Bird Maloney

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

7. Birth date of deceased April 12th, 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 4
If less than one day hr. min.

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

10. Usual occupation Retired Steam Fitter

11. Industry or business K.C. General Hospital

12. Name John Mabney

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

14. Maiden name Margaret Maloney

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

16. (a) Informant Miss Mildred Maloney,

(b) Address 2517 Cleveland, K.C. Mo.

17. (a) Burial (b) Date thereof 8/18/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Hospital

18. (a) Signature of funeral director Melody-McGilley

(b) Address K. C. Mo.

19. (a) 8-17-42 (b) M. M. Crowe
(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. 2717 Cleveland
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16 th
year 1942 hour 4:50 minute a.m. M.

21. I hereby certify that I attended the deceased from March 25-
1942 to Aug. 16, 1942
that I last saw him alive on August 15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Aortic valvulitis with regurgitation Duration 1 year

Due to arteriosclerosis 6 mos

Due to arterial hypertension 1 year

Other conditions 92a
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations: _____
Of autopsy: _____

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?
(Specify type of place)

While at work? _____ (e) Means of injury 0

23. Signature Graham Asher (M. D. or other) MD.
Address 11220 Prof. Blvd. Date signed 8-17-42

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.....
2999
KC

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.