

FILED DEC 31 1942
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Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4777

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: K.C. Grnrtsl Hospital No. 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days
(Specify whether
In this community All his life
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. 6221 East 10th Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edmond Moroney

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, Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive, _____ years

7. Birth date of deceased August 16 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 5 If less than one day hr. _____ min. _____

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

10. Usual occupation Boiler Maker

11. Industry or business None

MOTHER FATHER { 12. Name Edmond Moroney
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Foley
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ellen Perry

(b) Address 6221 East 10th. Street

17. (a) Burial (b) Date thereof 12-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mts. St. Mary's Cemetery

18. (a) Signature of funeral director J. F. Donnell Co

(b) Address 3256 Broadway

19. (a) 12-22-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21st
year 1942 hour 5 minute 35 A.M./P.M.

21. I hereby certify that I attended the deceased from 12-4-42, 19____, to 12-21-42, 19____;
that I last saw him alive on 12-21-42, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death HYPERTENSIVE HEART DISEASE WITH ACUTE FAILURE

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy See above

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? _____ (e) Means of injury _____

23. Signature Henry R. Thon (M. D. or other) _____

Med. Dir. K.C. Gen. Hospital, K.C. Mo.

Address _____ Date signed _____

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

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 Park G. Power

Licensed Embalmer No. 2347

P. O. Address T. C. 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.