

S. No. 2  
4-5-42  
5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 5 1943**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5371**  
Registrar's No. **911**

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(c) Name of hospital or institution: **Memorial Hosp**  
(d) Length of stay: In hospital or institution **2-8-43-2-20-43**  
In this community **38 years**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(d) Street No. **2502 E. 69th**  
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Mrs Jennie S. Mooney**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. **No**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **II** / **20** / **43**  
year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced, **widowed**  
6. (b) Name of husband or wife **David Mooney**  
6. (c) Age of husband or wife if alive **29** years  
7. Birth date of deceased **Dec 29 1858**

21. I hereby certify that I attended the deceased from **II/14/43** to **II/20/43**  
that I last saw h. or w. alive on **II/19/43** and that death occurred on the date and hour stated above.  
Immediate cause of death **Sclerotic heart Bronchitis**

8. AGE: Years **84** Months **1** Days **21**  
If less than one day hr \_\_\_\_\_ min \_\_\_\_\_

Due to **agl - 935**  
Due to \_\_\_\_\_

9. Birthplace **Ohio**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation **at home**

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name **Issac Schvernale**  
13. Birthplace **Germany**  
14. Maiden name **Sarah Frank**  
15. Birthplace **Germany**

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

16. (a) Informant **Ma S. Mooney**  
(b) Address **2502 E 69th St**  
17. (a) **Remallon** (b) Date thereof **2 22 43**  
(c) Place: burial or cremation **D.W. Newcomer Sons**  
18. (a) Signature of funeral director **Freeman Mortuary**  
(b) Address **19 Kansas City Mo.**  
19. (a) **2/22/43** (b) **M. M. Brown**

While at work? \_\_\_\_\_  
23. Signature **W. M. Brown** (M. D. or other) \_\_\_\_\_  
Address **Dryant Smith** Date signed **II/21/43**

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

*Robert v. Blaylock  
Bryant Blvd.*

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Clarence W. Chiles*.....

Licensed Embalmer No. *3473*.....

P. O. Address *76 E. Main*.....

**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.**