V. S. No. 2
00M—2-43
Rev. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17065

State File No. 2149

Registrar's No.

FILED JUN 7 1943

Registration District No. 49

Primary Registration District No. 1002

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:
5107 Tracy Avenue /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------- (Specify whether
In this community 55 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 5107 Tracy Avenue 8
(If rural, give location)

(e) Citizen of foreign country? Yes 0 (Yes or No)

If yes, name country England

3. (a) PRINT FULL NAME Mrs. Rose Molony

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mr. John Molony

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

7. Birth date of deceased April (Month) 10 (Day) 1868 (Year)

8. AGE: Years 75 | Months 0 | Days 28 | If less than one day ___ hr. ___ min.

9. Birthplace Southhampton (City, town, or county) England 4 (State or foreign country)

10. Usual occupation At Home

11. Industry or business -------

FATHER
12. Name William Watson
13. Birthplace (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Rosina Smart
15. Birthplace (City, town, or county) England 4 (State or foreign country)

16. (a) Informant Miss Muriel Molony
(b) Address 5107 Tracy Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 5/9/43 (Date received local registrar) (b) M. M. Grove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th
year 1943 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from Jan 5-1943, 19__, to May 8, 1943;
that I last saw her alive on May 8, 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	few hrs
Due to Carcinoma of throat	2 yrs.
Due to 45 J.	
Other conditions (Include pregnancy within 3 months of death)	
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)

(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 Clyde Sinter (M. D. ~~or other~~)
Address 636 Argyle Blvd. K.C. Mo Date signed 5/8/43

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(Licensed Embalmer's Statement on Reverse Side)

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 C. Harvey Quisenberry

Licensed Embalmer No. 4070

P. O. Address K. 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.