S. No. 2
M—5-42
5-17-39
I X32873

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

State File No. 41155

FILED DEC 22 1943

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 5051

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1134 Montgall Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 63 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 2

(c) City or town Kansas City Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1134 Montgall Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John G. MAHANEY.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Alice A. Mahaney

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased October (Month) 16th (Day) 1871 (Year)

8. AGE: Years 72 Months 1 Days 9 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business National Biscuit Co.

FATHER
12. Name Joseph Mahaney.
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Sarah McCarthy.
15. Birthplace (City, town, or county) New York. / (State or foreign country)

16. (a) Informant Alice A. Mahaney.
(b) Address 1134 Mantgall Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mellody-McGilley
(b) Address K. C. Mo.

19. (a) 11-30-43 (Date received local registrar) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25
year 1943 hour 7:45 minute pm M.

21. I hereby certify that I attended the deceased from Deputy, to Coroner, 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart

Due to Disease.

Due to 9 3 A

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Inspection & History

Duration

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 A. E. Asher (M. D. or other) M. D.

Address 23 McCoy Date signed 11/26/43

(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.....

Licensed Embalmer No. 2997

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.