

FILED MAY 11 1944

State File No. ....

1931

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. ....

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: RESEARCH HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 8 HOURS  
(Specify whether years, months or days)  
In this community. 60 YEARS

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. 4129 MILL CREEK  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME. MRS. JOHANNA K. MALLON

3. (b) If veteran, name war. NO  
3. (c) Social Security No. NONE

4. Sex. FEMALE  
5. Color or race. WHITE  
6. (a) Single, widowed, married, divorced. MARRIED  
6. (b) Name of husband or wife. MR. J. G. MALLON  
6. (c) Age of husband or wife if alive. 72 years  
7. Birth date of deceased. JANUARY-6-1867  
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 27 1/2 hr. min.

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

10. Usual occupation. HOUSEWIFE

11. Industry or business

12. Name. DENNIS DWYER  
13. Birthplace. IRELAND  
(City, town, or county) (State or foreign country)  
14. Maiden name. KATHERINE O'LEARY  
15. Birthplace. IRELAND  
(City, town, or county) (State or foreign country)

16. (a) Informant. MISS LUCILE MALLON  
(b) Address. 4129 MILL CREEK

17. (a) BURIAL (b) Date thereof. MAY-4-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation. MT. ST. MARYS CEM.

18. (a) Signature of funeral director. D. W. Newcomer's Sons  
(b) Address. 1401 BRUSH CREEK BLYD.

19. (a) 5-3-44 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 2<sup>ND</sup>  
year 1944 hour 7 minute 50 A.M.

21. I hereby certify that I attended the deceased from May 1, 1944, to May 2, 1944,  
that I last saw her alive on May 1, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death. apoplexy

Due to

Due to

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations. 830  
Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature. Harold A. Pallett (M. D. or other) M.D.  
Address. 1132 Oak Bluffs Date signed. 5/2

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

MOTHER FATHER

1132 Professional 1889  
12. 5. 38

**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 Emile M. Colbourn  
Licensed Embalmer No. 3506  
P. O. Address. K E 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.**