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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17103

FILED JUN 3 1944

Registration District No. 1

Primary Registration District No. 1002

Registrar's No. 2286

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution:
3831 Park Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: ----------

In this community: 59 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

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

(d) Street No.: 3831 Park Ave
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Mrs Susan H. MALONEY

3. (b) If veteran, name war: None

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 John J. Maloney

6. (c) Age of husband or wife if alive: 83 years

7. Birth date of deceased: August (Month) 6th (Day) 1861 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	9	20	hr. min.

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

10. Usual occupation: Housewife

11. Industry or business: At Home

MOTHER FATHER

12. Name: George William Hubbard

13. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)

14. Maiden name: Mary Stockton

15. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant: Mrs James H. Mellody

(b) Address: 6330 Morningside Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-29-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Mellody-McGilley

(b) Address: Kansas City Missouri

19. (a) 5-27-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th year 1944 hour 12:25 minute A. M.

21. I hereby certify that I attended the deceased from Sep 30, 1943, to May 26, 1944 that I last saw Her alive on May 25, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	1 day
Due to: Chronic hypertension	
Heart disease	
Due to: —	
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: Robert Jansen (M. D. or other) MD

Address: 2220 E 31st St Date signed: 5-26-44

(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. 7999

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.