

FILED SEP 22 1944

State File No. \_\_\_\_\_  
Registrar's No. 3657

Registration District No. 149

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: 1001 LINWOOD  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 25 years, months or days no

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JACKSON  
(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1001 LINWOOD  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

MAHONEY, OLLIE M

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FE

5. Color or race Wh

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased July 9, 1876

(Month) (Day) (Year)

8. AGE:

Years 68 Months 1 Days 30 If less than one day 29 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace

Ottawa, Kans  
(City, town, or county) (State or foreign country)

10. Usual occupation

housewife

11. Industry or business \_\_\_\_\_

12. Name

W. M. H. How

13. Birthplace

Waterville, Mo  
(City, town, or county) (State or foreign country)

14. Maiden name

Priscilla N. How

15. Birthplace

Waterville, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant

Walter H. How

(b) Address

Walden Hotel, Wichita - Kans

17. (a) (Burial, cremation, or removal)

Burial

(b) Date thereof

9-11-44  
(Month) (Day) (Year)

(c) Place: burial or cremation

St Marys Camp

18. (a) Signature of funeral director

Sudduth

(b) Address

W. M. H. How

19. (a) 9-9-44 (b) W. M. H. How  
(Date received local registrar) (Registrar's name)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8th  
year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

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

Immediate cause of death Coronary Arteriosclerosis.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 9/4

Major findings:

Of operations \_\_\_\_\_  
Of autopsy Inspection.

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) \_\_\_\_\_  
(c) Means of injury \_\_\_\_\_

23. Signature W. E. Usher (M. D. or other) MD  
Address 28 McCoy Date signed 9/9/44

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

MOTHER FATHER

**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.....

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.**