

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 2 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33323
State File No. _____
Registrar's No. **4132**

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:
ST. JOSEPH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 DAYS**
(Specify whether years, months or days) **54 YEARS**

3. (a) PRINT FULL NAME **MRS. PETRANELLA JESTER MOLONY**
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. PERCY MOLONY**
6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **MARCH 23 1890**
(Month) (Day) (Year)

8. AGE: Years **54** Months **6** Days **20** If less than one day _____ hr. _____ min.

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

10. Usual occupation **HOUSEWIFE**

11. Industry or business _____

MOTHER FATHER
12. Name **CHARLES B. JESTER**
13. Birthplace **NORTH CAROLINA**
(City, town, or county) (State or foreign country)
14. Maiden name **ANNA AMELIA SCHMIDT**
15. Birthplace **PENNSYLVANIA**
(City, town, or county) (State or foreign country)

16. (a) Informant **MR. PERCY MOLONY**
(b) Address **3724 MONTGALL AVENUE**

17. (a) **CREMATION** (b) Date thereof **OCT-13-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **D.W. NEWCOMER'S SONS**

18. (a) Signature of funeral director **D.W. Newcomer's son**
(b) Address **1401 BRUSH GREEN BLDG**

19. (a) **10-13-44** (b) **T. E. Brown**
(Date received local registrar) (Registrar's signature)

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. **3724 MONTGALL AVENUE**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCTOBER** day **12TH**
year **1944** hour **3** minute **45 A.M.**
21. I hereby certify that I attended the deceased from _____ 19____;
Pathologist
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive heart disease**
Due to **arteriosclerosis**
left cerebral hemorrhage
Duration **93 d.**
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **as above**
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 **braine Furwood** (M. D. or other) _____
Address **Pathologist** Date signed **10-12-44**

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

Dr. W. E. Morgan
6944 Prospect
1-4; 7-9

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 Oscar Hoshay

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.