

FILED JAN 26 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 119

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1355 E 16th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Sydney Melluish

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex fe! 5. Color or race w

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

6. (b) Name of husband or wife Frank 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased Sept 4 1869
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 1
If less than one day hr. min.

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business

12. Name John H. Daly

13. Birthplace Penn
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Belovelle

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Frank D. Daly

(b) Address 917 Center

17. (a) Burial (b) Date thereof 1/10/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cremated in Snow-Mayberry

18. (a) Signature of funeral director Snow-Mayberry

(b) Address 2315 Linwood

19. (a) 1-9-45 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kan City
(If outside city or town limits, write "RURAL")

(d) Street No. 1355 E 16th
(If rural, give location)

(e) Citizen of foreign country? 17 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 7
year 1945 hour 7:35 minute a M.

21. I hereby certify that I attended the deceased from Cosmos 1945
that I last saw him alive on 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis

Due to arterio-sclerosis

Due to 946

Other conditions Probably died 48 hours
(Include pregnancy within 3 months of death)

Major findings: Previous to above date

Of operations History & Inspection

Of autopsy aut

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 3

23. Signature Jessie Walker (M. D. or other) Cosmos

Address 1424 Poplar St Date signed 1/8/45

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..... *Ray E Snow*.....
Licensed Embalmer No. *2560*.....
P. O. Address..... *K E M*.....

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.