V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 1 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1309
Registrar's No. 5398

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: 5036 - PROSPECT AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether years, months or days)
In this community 26 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. 5036 - PROSPECT AVENUE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME MR. PATRICK MERONEY
3. (b) If veteran, name war No
3. (c) Social Security No. 103-03-9497
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. EDNA MERONEY
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased OCTOBER (Month) 9 (Day) 1881 (Year)
8. AGE: Years 63 Months 2 Days 22 If less than one day hr. min.
9. Birthplace CHEROKEE (City, town, or county) ALABAMA (State or foreign country)
10. Usual occupation SWITCHMAN
11. Industry or business TERMINAL R.R.
FATHER 12. Name PATRICK MERONEY
FATHER 13. Birthplace IRELAND (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name LOUISE NICHOLS
MOTHER 15. Birthplace CHEROKEE (City, town, or county) ALABAMA (State or foreign country)
16. (a) Informant MRS. EDNA MERONEY
(b) Address 5036 - PROSPECT AVENUE
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JAN-4-1944 (Month) (Day) (Year)
(c) Place: burial or cremation RUSSELLVILLE, ALABAMA
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD.
19. (a) 12-31-44 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 31 year 1944 hour 10 minute 15 A. M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: bronchopneumonia	
Due to: multiple myeloma	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 552	
Major findings: Of operations:	
Of autopsy: multiple myeloma	

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? (Specify type of place) (e) Means of injury 0
23. Signature J. W. Neuhardt (M. D. or other)
Address Kans. University Hosp. Date signed 12-31-44

(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 E. Oscar Worthy

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.