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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19594

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 2682

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: 3729 Garfield Kansas City Mo. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 52 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 3729 Garfield
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME HARRY J. MALONEY

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Anne Maloney

6. (c) Age of husband or wife if alive 47th years

7. Birth date of deceased Feb. 9 th 1893 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
52	4	15	hr. min.

9. Birthplace Kansas City (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Kansas City Water Dept.

FATHER
12. Name John J. Maloney
13. Birthplace Sturgeon (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Susan Hubbard
15. Birthplace Clark (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs. Anne Maloney
(b) Address 3729 Garfield K.C.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvery Cemetery

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address 1800 Linwood Blvd. K.C. Mo.

19. (a) 6-25-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th year 1945 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 30, 1930, to June 24, 1945 that I last saw him alive on June 15, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Thrombosis	4 wks
Due to Arterio-Sclerosis	
Due to Hypertension	15 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 83 b	
Of autopsy no	

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 Don Carlos Peete (M. D. or other)
Address 1510 Prof. Bldg. Date signed 6-24-45

(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.....

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.