No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 4 1945

22901

State File No. 31.54

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

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: 6325 Baltimore Kansas City Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community 56 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 6325 Baltimore 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME ELIZABETH MORIARTY DRANEY

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Michael W. Draney

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

7. Birth date of deceased June 25 th, 1856 (Month) (Day) (Year)

8. AGE: Years 89 Months 0 Days 29 If less than one day hr. min.

9. Birthplace Litchfield County Conn. 8
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name John Moriarty
13. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Whalen
15. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lester E. Capen

(b) Address 5625 Baltimore Kansas City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/45 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mellody-McGilley-Eylar

(b) Address 1800 Linwood Blvd. K.C. Mo.

19. (a) 7-27-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 th year 1945 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from July, 1919 to July 24, 1945; that I last saw her alive on July 24, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis — Duration 5 yrs

Due to Senility

Due to

Other conditions 938
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

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 0

23. Signature Thomas J. Draney (M. D. or other)

Address 910 Argyle Blvd. Date signed 7/26/45

(Licensed Embalmer's Statement on Reverse Side)

Dr Dramey
Argyle Bldg

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 Russell N France

Licensed Embalmer No. 4255

P. O. Address K.C. Mo

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.