

FILED DEC 28 1945
 Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5120

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:
General Hospital # 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
(Specify whether
 In this community 12 years
years, months or days)

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. 5736 Cherry
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Patrick MALONEY
 3. (b) If veteran, name war No
 3. (c) Social Security No. 486-01-0667

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month Dec. day 11 th
 year 1945 hour 12 minute 15 P.M.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife None
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased November 14, 1876
(Month) (Day) (Year)

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.

8. AGE:
 Years 69 Months 0 Days 27
 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Edema
 Due to Cerebral arteriosclerosis and Coronary Arteriosclerosis with Hypertrophy of Heart
 Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace San Francisco Cal.
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Rug Cleaner
 11. Industry or business Lawless & Johnson Cleaners

Major findings:
 Of operations _____
 Of autopsy Yes - as above
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 12. Name Michael Maloney
 13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Ellen Savage
 15. Birthplace New Orleans La.
(City, town, or county) (State or foreign country)
 16. (a) Informant Mrs. Mary Dee
 (b) Address 5736 Cherry St. K.C. Mo.
 17. (a) Burial (b) Date thereof 12/12/45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation FOREST HILL CEM.
 18. (a) Signature of funeral director Melody-McGilley-Eylar
 (b) Address 1800 Linwood Blvd. K.C. Mo.
 19. (a) 12-12-45 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

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 [Signature] M.D. or other _____
 Address General Hospital Date signed 12-11-45

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

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. *255*

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.