

Registration District No. 149 Primary Registration District No. 1002

FILED FEB 11 1946

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

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:
St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 Minutes
(Specify whether In this community 30 Minutes years, months or days)

3. (a) PRINT FULL NAME Joseph Donald O'Malley

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 single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased 1 29 46
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
hr. 30 min.

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

10. Usual occupation Newborn

11. Industry or business Newborn

12. Name William Thomas O'Malley

13. Birthplace Kansas City Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Agnes Ruth Ferguson

15. Birthplace Romona Kansas 1
(City, town, or county) (State or foreign country)

16. (a) Informant William T. O'Malley

(b) Address 3917 Bell K.C. Mo

17. (a) burial (b) Date thereof 1-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Mary's Cem

18. (a) Signature of funeral director Wm. T. O'Malley

(b) Address 20 West Linwood

19. (a) 1-30-46 (b) Staldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 49

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3917 Bell K.C. Mo
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29
year 1946 hour 8:58 minute 0 M.

21. I hereby certify that I attended the deceased from 1/29 1946, to 1/29 1946

that I last saw him alive on 1/29 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: No Respiration but heart beat 60 per min for 1/2 hour

Due to _____ ?

Due to _____ ?

Other conditions (Include pregnancy within 3 months of death) 161a

Major findings: Of operations _____

Of autopsy _____

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 0

23. Signature Leo F. Pikelan (M. D. or other) _____
Address 933 1/2 Bell Date signed 1/29

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Charles M. Quinn

Licensed Embalmer No.....

3774

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.