

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 27 1946**  
Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
Primary Registration District No. 1002

State File No. \_\_\_\_\_  
Registrar's No. 1244

1. PLACE OF DEATH: Jackson  
(a) County Kansas City  
(b) City or town Kansas City  
(c) Name of hospital or institution: 512 1/2 E 12th St  
(d) Length of stay: In hospital or institution 2 Weeks  
In this community 2 Weeks

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 30 E 32nd St Ten  
(e) Citizen of foreign country? \_\_\_\_\_

3. (a) PRINT FULL NAME George Malone  
3. (b) If veteran, name war none  
3. (c) Social Security No. Do not know

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 12 year 1946 hour 4 minute 30 A.M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
that I last saw him alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Div  
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct 12 1895

Immediate cause of death Coronary sclerosis  
Due to ulceration  
Due to \_\_\_\_\_

8. AGE: Years 50 Months 5 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (include pregnancy within 3 months of death) 940  
Major findings: Of operations \_\_\_\_\_  
Of autopsy gross - normal

9. Birthplace Washington D.C.  
10. Usual occupation Health Inspector

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(c) Place: burial or cremation Washington D.C.

11. Industry or business \_\_\_\_\_  
12. Name George Malone  
13. Birthplace Washington D.C.  
14. Maiden name Mary A. Maloney  
15. Birthplace Washington D.C.

23. Signature J. J. Holmes (M.D. or other) \_\_\_\_\_  
Address 1424 W. 12th St Date signed 3/12/46

16. (a) Informant Mrs. Agnes M. Kessler  
(b) Address 30 E 32nd St Ten  
17. (a) Removed (b) Date thereof March 1946  
(c) Place: burial or cremation Washington D.C.

18. (a) Signature of funeral director Francis B. ...  
(b) Address 11 S. ...  
19. (a) 3-13-46 (b) S. J. Holmes

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

8462

---

---

**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 *J. S. Walton*.....

Licensed Embalmer No. *2744*.....

P. O. Address *N. 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.**