

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 18 1947
200

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21578
204
Registrar's No.

Registration District No. _____ Primary Registration District No. 3041

1. PLACE OF DEATH:
(a) County Macon Co
(b) City or town Macon Mo
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Macon
(c) City or town Macon, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John P. Maloney
3. (b) If veteran name war _____ 3. (c) Social Security No. _____

4. Sex M, O 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Jan. 4, 1867
(Month) (Day) (Year)

8. AGE: Years 80 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Macon Co, Mo (City, town, or county) (State or foreign country)
10. Usual occupation Retired

11. Industry or business _____
12. Name Maurice Maloney
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mr. David Garrison
(b) Address Macon Mo, R 3
17. (a) Burial (Burial, cremation, or funeral) (b) Date thereof 5-12-47
(Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Catholic

18. (a) Signature of funeral director Stephens & Goodrich
(b) Address Macon Mo
19. (a) 6/9/47 (Date received local registrar) (b) Paul Mcneely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1947 hour 8 1/2 minute 45 A.M.
21. I hereby certify that I attended the deceased from May 8 to May 9, 1947
that I last saw him alive on May 19, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Emboli - left arm presentary, cerebral 4.8.blew
Due to auricula fibrillata
Due to Coronary atherosclerosis
Other conditions atherosclerosis
(Include pregnancy within 4 months of death)

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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)
Means of injury _____
23. Signature [Signature] (M. D. or other) M.D.
Address Macon Mo Date signed 5-13-47

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

MOTHER FATHER

FEB 19 1959

RECEIVED

District Health Officer No. 11

District File Number e-47-209

Date Filed JUN 16 1947

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. 3057

P. O. Address: Macon, 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.