. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4962

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 905

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 5 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

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

(d) Street No. 1512 Paseo 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME James Joseph Mallin-Bro. Jovinian Leo

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race Wh

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased 9/9/1873 (Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 17 If less than one day hr. min.

9. Birthplace Plattsburg, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Christian Brother

11. Industry or business De La Salle Academy

FATHER
12. Name Hugh Mallen
13. Birthplace Unknown McKenna (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rose McKenna
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Bro Kevin
(b) Address 1512 Paseo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivett Cem. St. Joe, Mo.

18. (a) Signature of funeral director John P. Sheil
(b) Address Kansas City, Mo.

19. (a) 2-27-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 26
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from Aug. 30, 1944, to Feb. 26, 1948
that I last saw him alive on Feb. 26, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	Few min.
Due to	
Due to Arterio Sclerotic Heart disease	6-8 yrs.
Previous Coronary Accidents	2 yrs.
Broncho Pneumonia (about)	3 days
Other conditions Genl-Arteriosclerosis (Include pregnancy within 3 months of death)	Several yrs.

Major findings:
Of operations 93 d
Of autopsy (Refused)

PHYSICIAN
Underline the cause of 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

23. Signature Harold M. Roberts (M. D. or other) M.D.
Address 1103 Grand, K.C., Mo. Date signed 2-27-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. H. M. Roberts,
Prof. Bldg., Ha-1331
After 2.30 Fri PM

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 John P Sheil

Licensed Embalmer No. 3625

P. O. Address 16 6 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.