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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 27 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 8836

Registrar's No. 1256

48
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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 No. 1 O
(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 70 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. 4805 E 7 St.
(If rural, give location)

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

If yes, name country No

3. (a) PRINT FULL NAME William Wiley Mooneyham

3. (b) If veteran, name war No

3. (c) Social Security No. 492-14-6669

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Kate Mooneyham

6. (c) Age of husband or wife if alive Y65 years

7. Birth date of deceased December (Month) 29 (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	2	19	hr. min.

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

10. Usual occupation Public service Co.

11. Industry or business St. car operator

FATHER
12. Name James Mooneyham
13. Birthplace (City, town, or county) Mo. (State or foreign country) O

MOTHER
14. Maiden name Marium Brown
15. Birthplace (City, town, or county) Mo (State or foreign country) O

16. (a) Informant Mrs. Ethel Walters
(b) Address 4805 E. 7th

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Olathe Kans

18. (a) Signature of funeral director Earp & Sons
(b) Address 4139 E. 15th Kansas City Mo.

19. (a) 3-20-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1948 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from March 14, 1948, to March 18, 1948; that I last saw him alive on March 18, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic glomerulonephritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

131 b

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 O

23. Signature Wm W. Hart (M. D. or other) MD

Address Med. Dir. Gen'l Hosp. Date signed 3-18-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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. _____

P. O. Address _____

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.