

S. No. 30-1047
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 112748
Registrar's No. 1824

FILED MAY 7 1948 149
Registration District No. _____

Primary Registration District No. 1002

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:
Osteopathic Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one week
In this community 64 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 5921 E. 40 Highway, Cut Off 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MR. CHRISTOPHER MALONEY
3. (b) If veteran, name war none
3. (c) Social Security No. 496-16-5277

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 22
year 1948 hour 12:30 minute P M.

4. Sex male 0 5. Color or race white
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from 4-15-48 1948 to 4-22-48 1948
that I last saw him alive on 4/22/48 1948;
and that death occurred on the date and hour stated above.

7. Birth date of deceased Dec. 25, 1883
(Month) (Day) (Year)

Immediate cause of death
Chronic Myocarditis
Chronic Hepatitis
Due to Arteriosclerosis
Chronic Osteomyelitis 30 yrs
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years 64 Months 3 Days 27 If less than one day hr. _____ min. _____

9. Birthplace Louisville, Ky. (City, town, or county) (State or foreign country)

10. Usual occupation Deputy Sheriff

11. Industry or business Jackson County, Mo.

Major findings:
Of operations 131/15
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name Dennis Maloney (City, town, or county) (State or foreign country)

13. Birthplace unknown, Ireland (City, town, or county) (State or foreign country)

14. Maiden name Anna Mooney

15. Birthplace unknown, Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Wooldridge

(b) Address 5547 Garfield, K. C. Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-27-48 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem

18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Mo.

19. (a) 4-26-48 (Date received local registrar) (b) Sheraldine Holmes (Registrar's signature)

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) (a) Means of injury 2
3. Signature Richard C. Black (M.D. or other) DO
Address 1008 1/2 Thomas Date signed 4/22/48
Grady ems

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.....

R. A. Lisle

Licensed Embalmer No. *4129*

P. O. Address *Independence, 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.