

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12559

1537

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1537</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> c. LENGTH OF STAY (in this place) OR TOWN <u>25 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL #2</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> d. STREET ADDRESS (If rural, give location) <u>2506 Montgall Avenue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LILLIAN</u> b. (Middle) <u>S</u> c. (Last) <u>Webb MALONE</u>		4. DATE OF DEATH (Month) <u>MARCH</u> (Day) <u>31</u> (Year) <u>1949</u>		5. SEX <u>3</u> <u>FEMALE</u>		6. COLOR OR RACE <u>NEGRO</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>MAY 1 1876</u>		9. AGE (In years last birthday) <u>72</u>		10. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.-A</u>	
13a. FATHER'S NAME <u>NOT KNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>NOT KNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Webb John Malone</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>RHODA PERRY</u>		ADDRESS <u>2506 Montgall Avenue</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPERTENSIVE HEART DISEASE WITH LEFT AND RIGHT VENTRICLE FAILURE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>443</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3/30/</u> , 19 <u>49</u> , to <u>3/31/</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3/31/</u> , 19 <u>49</u> , and that death occurred at <u>5:50P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. Frank Ellis</u> (Degree or title) <u>(M.D.)</u>				23b. ADDRESS <u>600 East 22nd Street</u>		23c. DATE SIGNED <u>4/2/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April-8-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blue Ridge Lawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>27 at Blue Ridge Blvd K. c. m. o.</u>	
DATE REC'D BY LOCAL REG. <u>4-6-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Cepheton Jones</u>		ADDRESS <u>1905 Vine St.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_  
Signed *[Signature]*  
Licensed Embalmer No. *2710*  
P. O. Address *K. E. M. O.*

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.