

FILED OCT 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33950**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4235

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>37 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>6046 Walnut</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6046 Walnut</b>		3. NAME OF DECEASED a. (First) <b>WILLIAM</b> b. (Middle) <b>FRANCIS</b> c. (Last) <b>MULLOY</b>	
4. DATE OF DEATH <b>Sept 30, 1949</b>		5. SEX <b>Male</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>April 1895</b>		9. AGE (In years last birthday) <b>54</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Banker</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Wheeling, West Virginia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>Owen Mulloy</b>		13b. MOTHER'S MAIDEN NAME <b>Delia Whalen</b>	
14. NAME OF HUSBAND OR WIFE <b>Marguerite Mulloy</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes World War I</b>	
16. SOCIAL SECURITY NO. <b>499-10-6609</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Marguerite Mulloy 6046 Walnut</b>	
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) <b>Ventricular fibrillation</b> INTERVAL BETWEEN ONSET AND DEATH <b>few seconds</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diffuse Coronary Sclerosis</b> years DUE TO (c) <b>General arteriosclerosis</b> years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE	
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 <b>Nov 3 1947</b> , to <b>Sept 30 1949</b> , that I last saw the deceased alive on <b>Sept 19 1949</b> , and that death occurred at <b>9:30 P</b> m., from the causes and on the date stated above.	
23a. SIGNATURE <b>L. F. Steffen M.D.</b>		23b. ADDRESS <b>1103 Grand Ave</b>	
23c. DATE SIGNED <b>10-1-49</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>10/3/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wurd &amp; Robin 20 W Linwood</b>	
DATE REC'D BY LOCAL REG. <b>10-3-49</b>		REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>	

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

DN Graham Asher  
Professional  
Bldg

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Maudie Adair

Licensed Embalmer No. 4016

P. O. Address 20 W. Fenwood

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.