

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8847

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>805</u>			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> b. CITY OR TOWN <u>KANSAS CITY Mo</u> c. LENGTH OF STAY (in this place) <u>40 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3200 Norledge H.C. Conv.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> c. CITY OR TOWN <u>KANSAS CITY Mo</u> d. STREET ADDRESS (If rural, give location) <u>3740 WARWICK</u>					
3. NAME OF DECEASED a. (First) <u>CHARLES F.</u> b. (Middle) <u>Home</u> c. (Last) <u>MALLOY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 20 1950</u>						
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>AUG 2 1862</u>		9. AGE (in years last birthday) <u>87</u> if UNDER 1 YEAR: Months _____ Days _____ if UNDER 1 Wks: Hours _____ Mins _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DRUGGIST</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>SAIRO ILL</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Cornelius Malloy</u>			13b. MOTHER'S MAIDEN NAME <u>Johanna McEneaney</u>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Virginia B. Baughman</u>		ADDRESS <u>Norledge</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIO SCLEROSIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>ARTERIO SCLEROSIS</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>	
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) _____		21f. HOW DID INJURY OCCUR? _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>JAN 27 1950</u> , to <u>FEB 20 1950</u> , that I last saw the deceased alive on <u>FEB 20 1950</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.					
23. SIGNATURE <u>Frank Paul Laurey</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>421 So. WHITE</u>		23c. DATE SIGNED <u>2-20-50</u>			
24. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb-22-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Marys</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>			
DATE REC'D BY LOCAL REG. <u>2-21-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Miss C R Foster</u>		ADDRESS <u>K C Mo.</u>			

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 _____

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed _____

Law Clark

Licensed Embalmer No. 7216

P. O. Address A. B. Me.

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.