

FILED JUN 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20347

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2470

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City
c. LENGTH OF STAY (In this place) 45 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION 2540 W. Pennway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson
c. CITY (If outside corporate limits, write RURAL and give township) Kansas City
d. STREET ADDRESS (If rural, give location) 423 W. 34th Street

3478
15

3. NAME OF DECEASED
a. (First) BENJAMIN b. (Middle) Joseph c. (Last) MALEDON
4. DATE OF DEATH (Month) 6 (Day) 1 (Year) 50

5. SEX Ma 0 6. COLOR OR RACE Wh 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 11-1-1891 9. AGE (In years) 58 (last birthday) 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) Mase Checker 10b. KIND OF BUSINESS OR INDUSTRY Bottling Wks 11. BIRTHPLACE (State or foreign country) Ft. Smith, Arkansas 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John B. Maledon 13b. MOTHER'S MAIDEN NAME Katherine Euper 14. NAME OF HUSBAND OR WIFE Mae Lois Maledon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) xx 16. SOCIAL SECURITY 496-09-8778 17. INFORMANT'S SIGNATURE OR NAME Mrs. Mae L. Maledon, 423 W. 34, KC Mo ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of death unknown
ANTECEDENT CAUSES
Morbidity 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.
INTERVAL BETWEEN ONSET AND DEATH
795

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23. SIGNATURE Geo. C. Kealhofer (Degree or title) 23b. ADDRESS 3447 Herbert St. Mo 23c. DATE SIGNED 6-1-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 6-3-50 24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah 24d. LOCATION (City, town, or county) (State) Kansas City Mo.

DATE REC'D BY LOCAL REG. 6-2-50 REGISTRAR'S SIGNATURE Geraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE J.W. Wagner ADDRESS Kansas City Mo

(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.

Student Embalmer No.....

Signed.....
Eugene J. Hermon

Signed.....
Student Embalmer

Licensed Embalmer No. *4633*

P. O. Address *Hermon City, Ill*

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.