

FILED OCT 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34014
State File No. 4642

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>non resident</u>	c. CITY OR TOWN <u>Kansas City Rural</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Auto wreck - 5015 Troost</u>		STREET ADDRESS (If rural, give location) <u>100 W. 91 St. St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>PATSY</u> b. (Middle) <u>RUTH</u> c. (Last) <u>McEnany</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 4 54</u>	
5. SEX <u>Fe.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>JUNE 28, 1931</u>
9. AGE (In years last birthday) <u>23</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SCHOOL TEACHER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Eldeado, KANSAS</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Chas. Maloy</u>	13b. MOTHER'S MAIDEN NAME <u>Nelen Dawn</u>	14. NAME OF HUSBAND OR WIFE <u>John F. McEnany</u>	
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>490-30-6901</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John F. McEnany - 100 W. 91st St.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Crushed Skull</u> ANTECEDENT CAUSES <u>Fractured Rib and Pelvis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident Killed</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Kans. City Jackson Mo.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-4 54-1-55P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Two Car Collision</u>	
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 _____ m., from the causes and on the date stated above.			
23. SIGNATURE <u>Hugh H. Owens</u>		23b. ADDRESS <u>1034 Reato Blvd.</u>	23c. DATE SIGNED <u>10-5-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/6/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>
DATE REC'D BY LOCAL REG. <u>10-5-54</u>	REGISTRAR'S SIGNATURE <u>Melody McGilley-Eylar</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody McGilley-Eylar</u>	ADDRESS <u>KCMO.</u>

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

45721

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 Ivan Miller....., Student Embalmer No. 507 working under my personal supervision..

Student Ivan E. Miller.....
Signature of Student Embalmer

Signed Arthur Eugene Hook.....

Licensed Embalmer No. 49.....

P. O. Address KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.