

NOV 12 1940
Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mr. James Dial Mooney

3. (b) If veteran, name war None

3. (c) Social Security No. NO

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. June Mooney

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased February 2 1910
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>30</u>	<u>8</u>	<u>11</u>	hr. <u> </u> min. <u> </u>

9. Birthplace Mount Vernon Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Vice President & General Mgr

11. Industry or business Indianapolis & K.C. Express

12. Name J. F. Mooney Co.

13. Birthplace McLeansboro Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Lena Dial

15. Birthplace McLeansboro Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant J. D. Mooney

(b) Address 3743 Tracy

17. (a) Burial (b) Date thereof Oct. 15, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director W. H. Newcomer, Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-15-40 (b) H. M. Lown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 6009 Rockhill Road
(If rural, give location)

(e) If foreign born, how long in U. S. A. — years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13th
year 1940 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 3
1940, to October 13, 1940;
that I last saw him alive on October 12, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma in Brain
Site of Primary Carcinoma
Due to not definitely determined

Duration

4 mos.

Due to J.F.

Other conditions SS
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Metastatic Carcinoma in Cerebellum, Left
Of autopsy Multiple Metastases of Carcinoma, Probably Primary in Lung

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(e) Means of injury

23. Signature Ronald F. Coburn, M.D. (M. D. or other)
Address 1630 Professional Bldg Date signed Oct 14/40

1643 Professional Seal
2-4

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.....

....., Registered Apprentice No.

..... working under my personal supervision.

Signed

Kenneth Page Lips

Licensed Embalmer No.

4128

P. O. Address

1309 Brush Creek Rd

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.