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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1942

Registration District No. 3127

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9784

Primary Registration District No. 1002

Registrar's No. 1224

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

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Major Clinic 3100 Euclid
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 weeks (Specify whether
In this community: 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.: 6209 E 10th St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

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3. (a) PRINT FULL NAME: Mrs. Mary Etta Moroney
3. (b) If veteran, name war: None
3. (c) Social Security No. 487-05-3590
4. Sex: Female
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: John Moroney
6. (c) Age of husband or wife if alive: -- years
7. Birth date of deceased: Oct. 13, 1882 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
59	5	14	hr. min.

9. Birthplace: Springfield, Ill (City, town, or county) (State or foreign country)
10. Usual occupation: Sales Lady
11. Industry or business: Department Store

MOTHER FATHER
12. Name: Charles Benne
13. Birthplace: Minnesota (City, town, or county) (State or foreign country)
14. Maiden name: Lydia Witherow
15. Birthplace: Springfield, Ill (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Elleen Hobbs
(b) Address: 6209 E 10th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 30-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Washington Cem.
18. (a) Signature of funeral director: Sheil Funeral Home
(b) Address: 6606 Indep. Ave. K.C.Mo.
19. (a) 3-27-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 27th
year: 1942 hour: 10 minute: 20 A.M.
21. I hereby certify that I attended the deceased from March 8th, 1942, to March 27th, 1942, that I last saw her alive on March 27th, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	Sudden
Due to: Embolism	
Due to: G.T.C.	
Other conditions (Include pregnancy within 3 months of death): 94 N	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
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? (Specify type of place)
While at work? — (e) Means of injury: —
23. Signature: Hermon S Mayer (M. D. or other)
Address: 3100 Euclid ave Date signed: 3/27/42

361 (Licensed Embalmer's Statement on Reverse Side)

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 John P. Shell

Licensed Embalmer No. 3625

P. O. Address K. C. 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 this body is not embalmed, fact should be so stated above.