

Registration District No. 149 Primary Registration District No. 1002

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: 4 622 Benton
Mrs. Lula De Lora Convalescent
(If not in hospital or institution, write street number or location) Home.
(d) Length of stay: In hospital or institution 2 Months
(Specify whether years, months or days) 40 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**
(c) City or town Kansas City **5**
(If outside city or town limits, write "RURAL") **8**
(d) Street No. 1310 Bales
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

3. (a) PRINT FULL NAME

Mrs. Mary O'Malley

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Patrick O'Malley 6. (c) Age of husband or wife if alive Not Known years 1861
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 81 Months Days If less than one day hr. min.

9. Birthplace Dublin Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Not Known
13. Birthplace Not Known 9
(City, town, or county) (State or foreign country)
14. Maiden name Mrs. Dooling
15. Birthplace Not Known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Clark

(b) Address 1310 Bales

17. (a) Burial (b) Date thereof 11-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's Cem.

18. (a) Signature of funeral director J. J. O'Malley

(b) Address 3256 Broadway

19. (a) 11/22/42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20
year 1942 hour 11 minute 0 A. M.

21. I hereby certify that I attended the deceased from Nov. 16 to Nov 20, 1942.
that I last saw him alive on Nov. 20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia **4**

Due to 108

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy Ma

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

(a) Accident, suicide, or homicide (specify) Ma
(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 John J. O'Malley (M. D. or other)
Address 1310 Bales Date signed 11/21/42

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

Dr. John B. Paul
Waldheim Bldg.

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.....

Park G. Rowe

Licensed Embalmer No.....

2347

Address.....

15 E. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.