V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1943

Registration District No. 799

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 9208

Registrar's No. 9208

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: 2612 Montgall Avenue / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---- In this community: 20 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 3 26 0
(d) Street No. 2612 Montgall Avenue (If rural, give location)
(e) Citizen of foreign country? None (Yes or No)
If yes, name country: -- 0

3. (a) PRINT FULL NAME: Mrs. Mary Frances Mooneyham
3. (b) If veteran, name war: None
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: Mr. Thomas M. Mooneyham --
6. (c) Age of husband or wife if alive: --- years
7. Birth date of deceased: September (Month) 19 (Day) 1849 (Year)
8. AGE: Years 93 Months 5 Days ~~24~~ 26 If less than one day ____ hr. ____ min.
9. Birthplace: Indianapolis (City, town, or county) Indiana / (State or foreign country)
10. Usual occupation: None
11. Industry or business: At Home
FATHER 12. Name: William Threlkeld
FATHER 13. Birthplace: (City, town, or county) Indiana / (State or foreign country)
MOTHER 14. Maiden name: Mary Martsick
MOTHER 15. Birthplace: (City, town, or county) Kentucky / (State or foreign country)
16. (a) Informant: Miss Bertha Mooneyham
(b) Address: 2612 Montgall Ave.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Mar. 18, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Carthage, Missouri
18. (a) Signature of funeral director: D. H. Newcomer's Sons
(b) Address: 1401 Brush Creek, Blvd.
19. (a) 3-17-43 (Date received local registrar) (b) R. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th year 1943 hour 11 minute 08 A.M. P.M.
21. I hereby certify that I attended the deceased from June 1940 1940, to March 15 1943; that I last saw her alive on March 15 - 6 am 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Senility	
Due to: Extreme age 93 yrs.	
Due to: 162B	
Other conditions (Include pregnancy within 3 months of death)	
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: Walter L. Wilson (M. D. or other)
Address: 2505 Linwood Date signed: 3-16-43

(Licensed Embalmer's Statement on Reverse Side)

524 Keith & Perry Bldg (K.C. Bible College)
P.O. 2 [illegible]

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 H C Newcomer Jr

Licensed Embalmer No. 4043

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.