

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

**FILED MAR 2 1946**  
Registration District No. **1002**

Primary Registration District No. **1002**

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

FX

4785

**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:  
**1216 Forest, Kansas City, Mo. 1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None**  
(Specify whether)

In this community **26 years**  
years, months or days

**3. (a) PRINT FULL NAME** **Walter MULRANEY**

**3. (b) If veteran, name war** **No**

**3. (c) Social Security No.** **496-26-4082**

**4. Sex** **Male** **5. Color or race** **White**

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

**6. (b) Name of husband or wife** **Grace Mulraney**

**6. (c) Age of husband or wife if alive** **73** years

**7. Birth date of deceased** **October 16, 1866**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>79</b>	<b>3</b>	<b>27</b>	hr. min.

**9. Birthplace** **Alabama**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **retired laborer**

**11. Industry or business**

**12. Name** **Patrick Mulraney**

**13. Birthplace** **Alabama**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Ann Echols**

**15. Birthplace** **Alabama**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Mrs. Anna May Bennetzen**

**(b) Address** **San Antonio, Tex.**

**17. (a) Removal** **(b) Date thereof** **2-14-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **San Antonio, Texas**

**18. (a) Signature of funeral director** **Melody-McGilley-Eylar**

**(b) Address** **1800 Linwood Blvd. K.C., Mo.**

**19. (a) 2/14/46** **(b) Geraldine Holmes**  
(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. **1216 Forest**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Feb.** day **18** th year **1946** hour **8** minute **55 A.M.**

**21. I hereby certify that I attended the deceased from** **CORONER**  
19... to ... 19...

that I last saw h... alive on... 19... and that death occurred on the date and hour stated above.

Immediate cause of death  **coronary thrombosis**

Due to  **cardiac arrest**

Due to.....

Other conditions  **94a**   
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy  **no**   
 **History of hypertension**

**Duration**

**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?.....

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

**23. Signature** **John C. Ehlert** (M. D. or other) **John**

**Address** **1424 N. 7th** **Date signed** **2-14-46**

**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: *Elmer E. Heck*.....

..... Licensed Embalmer No. *4063*.....

..... P. O. Address *Kansas City, 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.**