S. No. 2
12-45
5-17-39
PI X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 3 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27267

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3604

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: St. Joseph Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1/2 Hour (Specify whether years, months or days)
In this community 35 Years

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
(d) Street No. 4437 Jarboe (If rural, give location) 6
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Steven D. Moran
3. (b) If veteran, name war World War 1.
3. (c) Social Security No. 493-22-6597
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Moran
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased August (Month) 16 (Day) 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
54	0	3	hr. min.

9. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)
10. Usual occupation Stationary Engineer
11. Industry or business Kansas City Star.
FATHER 12. Name Pat Moran
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)
MOTHER 14. Maiden name Mary Hanrohan
15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Margaret Moran
(b) Address 4439 Jarboe
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 22, 46 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery
18. (a) Signature of funeral director Quick & Robin
(b) Address 20 W. Linwood
19. (a) 8-20-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 19 year 1946 hour 10 30 minute 8 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	Duration
Acute Pulmonary Oedema	
Due to Sclerotic Cirrhosis	
Due to arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death) N.A.	

Major findings:
Of operations
Of autopsy yes - see above

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 N.A.
23. Signature Jasper Welsh (M.D. or other) Coroner
Address 1424 Oak Blvd Date signed 8-20-46

(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 Howard W. Farmer

Licensed Embalmer No. 4134

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.

State of Mo. } ss.
County of Jackson }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 2126-46
Local Registrar's No. 3604-46

On this 14th day of May, 1948, before me appears Edward S. Moran, who, upon his oath, states that the original record of ~~birth~~ death for Steven D. Moran, ~~born~~ died August 19, 1946, in the State of Missouri, and which was filed at Kansas City on 8-20, 1946, should be corrected as follows:

Item No. 16-B should read 4390 Jarboe
Instead of 16-d 4437 Jarboe

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Edward S. Moran (Son)
Relationship.

4439 Jarboe St.
K. C. Mo.
Present Address.

Subscribed and sworn to before me this 4 day of May, 1948.

My Commission expires Oct. 21, 1951 Barrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667