

FILED DEC 4 1946  
Registration District No. 149

Primary Registration District No. 1602

Registrar's No. 4886

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: St. Lukes Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10-3-46-11-21-46  
(Specify whether years, months or days) 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 5841 Grand 7  
(If rural, give location)

(e) Citizen of foreign country? n 0 (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Mooney

(b) If veteran, name war NO

(c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21  
year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 10/3/46  
2 19 46 to 11/21 19 46;  
that I last saw him alive on Nov 21 19 46;  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 7 1859  
(Month) (Day) (Year)

Immediate cause of death Terminal bronchopneumonia Duration 3 days

Due to Cerebral hemorrhage 7 weeks

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

87 2 14 hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Other conditions Senility  
(Include pregnancy within 3 months of death)

9. Birthplace Three Rivers, Canada  
(City, town, or county) (State or foreign country)

10. Usual occupation retired

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Peter Mooney 4

13. Birthplace Ireland 7  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Martin

15. Birthplace Canada 2  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Marie Lyon

(b) Address 5841 Grand

17. (a) Removal (b) Date thereof Nov. 21, 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph, Mo.

18. (a) Signature of funeral director Thomas W. Hohenfaden

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 11-21-46 (b) Edmund H. Hohenfaden  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 0

23. Signature Edward H. Hohenfaden (M. D. number) \_\_\_\_\_  
Address Plaza Real Bldg. KC-720 Date signed 11/21/46

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

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**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: *Herman Wm Oidenfaden*

Licensed Embalmer No. *2728*

P. O. Address. *St. Joseph, 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.**