

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
**FILED NOV 20 1946**  
 THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **37101**  
 Registrar's No. **4918**

Registration District No. **149** Primary Registration District No. **1002**

**1. PLACE OF DEATH:**  
 (a) County **Jackson**  
 (b) City or town **Kans City Missouri**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **St. Marys Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. **1 month**  
 (Specify whether years, months or days) **14 years**

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Kansas** (b) County **Johnson**  
 (c) City or town **South Park**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **303 Merriam Blvd.**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country **England**

**3. (a) PRINT FULL NAME** **Matthew Joseph Mooney**  
 3. (b) If veteran, name war **none**  
 3. (c) Social Security No. **493-22-6224**

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month **Nov** day **9th**  
 year **1946** hour **7 A.M.** minute  M.  
 21. I hereby certify that I attended the deceased from **Oct 9** 19**46** to **Oct 9** 19**46**  
 that I last saw h. **live** alive on **Nov 8** 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 **divorced**  
 6. (b) Name of ~~husband's~~ wife **Mary Moffett** alive **55** years  
 6. (c) Age of husband or wife if **16** **1889**  
 7. Birth date of deceased **Feb 16 1889**  
 (Month) (Day) (Year)

Immediate cause of death **hemorrhage into stomach.**  
 Due to **Ruptured Esophageal**  
 Due to **Varices**  
 Other conditions **Cirrhosis of Liver**  
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
**57 8 23** hr. min.

PHYSICIAN  
 Major findings: **See above**  
 Of operations: **1246**  
 Of autopsy: **See above**  
 Underline the cause to which death should be charged statistically.

9. Birthplace **Bolton England**  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation **Shipping Clerk**  
 11. Industry or business **St. Charles Elec. Products**  
 MOTHER FATHER  
 { 12. Name **John Mooney**  
 { 13. Birthplace **Bolton Lane England**  
 { 14. Maiden name **Teresa Hackett**  
 { 15. Birthplace **Bolton Lane England**  
 (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?  
 While at work (Specify type of place) (a) Means of injury \_\_\_\_\_  
 Signature **A. E. Wooker** (M. D. or other) **M.D.**  
 Address **2800 Main** Date signed **11/9/46**

16. (a) Informant **Margaret Young**  
 (b) Address **303 Merriam Blvd**  
 17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov 11, 1946**  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation **Shawnee Kansas**  
 18. (a) Signature of funeral director **E. G. Moody**  
 (b) Address **301 Main Shawnee Kansas**  
 19. (a) **11-9-46** (Date received local registrar) (b) **G. Geraldine Holmes** (Registrar's signature)

35920 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

*E Paul Amos*....., Registered Apprentice No.....  
working under my personal supervision.

Signed: *E Paul Amos*.....

Licensed Embalmer No. *4385*.....

P. O. Address *301 Main Shawnee*.....

**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.**