

No. 2
12-45
5-17-39
P1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4963**
Registrar's No. **876**

FILED MAR 10 1947
Registration District No. **149**

Primary Registration District No. **1002**

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

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:
Little Sisters of the Poor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 years 4 Mo**
In this community **15 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **THOMAS MALONE**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Dec 25 1871**
(Month) (Day) (Year)

8. AGE: Years **75** Months **2** Days **0**
If less than one day hr. _____ min.

9. Birthplace **St. Louis Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired--Laborer**

11. Industry or business

MOTHER FATHER { 12. Name **Thomas Malone**
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary**
15. Birthplace **No record**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sister St Thiele**

(b) Address **5331 Highland St. C. Mo**

17. (a) **Burial** (b) Date thereof **2/27/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mary's Cemetery**

18. (a) Signature of funeral director **James E. John Co**
(b) Address **20 West Linwood**

19. (a) **2-26-47** (b) **Heraldine 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. **5331 Highland**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **25th** day **Feb**
year **1947** hour **12:45** minute **P** M.

21. I hereby certify that I attended the deceased from **Jan 20**, 1947, to **Feb 25**, 1947;
that I last saw him alive on **Feb 25**, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial Pneumonia** Duration **6 Days**

Due to **Myocardiosis** **15 years**

Due to **Arteriosclerosis**

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

Major findings: **93d**
Of operations _____
Of autopsy **no**

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 **0**

23. Signature **John T. Shimmer** (M. D. or other) **MD**
Address **162 Bryant Bldg** Date signed **2/26/47**

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, ~~by~~.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Howard W. Farmer.....

Licensed Embalmer No. 4134.....

P. O. Address. Kennett 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.