3. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 20 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21070

Registration District No. 147 Primary Registration District No. 1002 Registrar's No. 2605

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: 1813 East Missouri Ave. K.C. Mo.
(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)

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. 1813 East Missouri Ave. 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Robert L. Malone

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Rose Malone

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Nov. 8, 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	7	7	hr. min.

9. Birthplace Keokuk (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation Tennis Court Attendent

11. Industry or business City Park Board

FATHER
12. Name Patrick Malone
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Rose Malone 1

(b) Address 1813 E. Missouri K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-47 (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery

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

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

19. (a) 6-16-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 th year 1947 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from April 5, 1947 to June 13, 1947 that I last saw him alive on June 13, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to	
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations — 93 D
Of autopsy no

PHYSICIAN
Underline the cause of 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 0

23. Signature E S Kelly (M. D. or other)

Address 402 Wabash Date signed Jun 16, 47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr E. H. Kelly 1102 Walnut

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 Glen 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.