S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 15 1947

Registration District No. 78

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27126

Primary Registration District No. 3019

Registrar's No. 101

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

1. PLACE OF DEATH:

(a) County Clay

(b) City or town North Kansas City, Gallatin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Home 1009 E. 21 street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether
In this community 28 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town North Kansas City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1009 E. 21 Street 0
(If rural, give location)

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

If yes, name country X

3. (a) PRINT FULL NAME MOLLIE MALONE

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

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

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

7. Birth date of deceased June (Month) 8 (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	2	19	X hr. X min.

9. Birthplace Holt (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name John H. Ketron
13. Birthplace Unknown (City, town, or county) Kentuckey (State or foreign country)

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

16. (a) Informant Mrs. Lonnie M. Malott
(b) Address 1009 E. 21 Street, NKC, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/29/47 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery Liberty, Mo.

18. (a) Signature of funeral director Morton-Smith's F.H.
(b) Address 832 Armour Rd. N.K.C. Mo.

19. (a) Aug 29-47 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27th
year 1947 hour 7 minute 00 p.m.

21. I hereby certify that I attended the deceased from Feb 12, 1947, to Aug 27, 1947
that I last saw her alive on Aug 25, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: cerebral vascular accident	5 days
Due to	
Due to arterial hypertension	3-5 yrs
Other conditions (Include pregnancy within 3 months of death) Blindness	
Major findings: Of operations	
Of autopsy	

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

23. Signature Lilehaile Fowler (M. D. or other) MD

Address North Kan City Mo Date signed 8/29/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-12-47

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, or by Chester L. Fleming Registered Apprentice No. 447 working under my personal supervision.

Signed Thorn O Smith

Licensed Embalmer No. 3928

P. O. Address North 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.