

FILED JAN 13 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41899

State File No.

5536

Registration District No. 749

Primary Registration District No. 1002

Registrar's No.

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: Roanoke Nursing Home 4
(If not in hospital or institution, write street number, or location)
(d) Length of stay: In hospital or institution 1 1/2 years
(Specify whether
In this community 2 yrs.
years, months or days)

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. 725 W. 75TH. ST.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

John D. RONEY

3. (b) If veteran, name war NO

3. (c) Social Security No. 360-10-1211A

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife MAGGIE RONEY 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased JAN. 19 1859
(Month) (Day) (Year)

8. AGE: Years 88 Months 11 Days 12 If less than one day hr. min.

9. Birthplace KENOSHA WISC
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED MOTOR MAN

11. Industry or business

12. Name SAM BONEY 4
13. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)
14. Maiden name MARY MULLOON
15. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. MARY E. REDDEN
(b) Address 725 W. 75TH
17. (a) Burial (b) Date thereof 1-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director Mallody-McGilley-Eyler
(b) Address Kansas City, Missouri

19. (a) 12-31-47 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31
year 1947 hour 12 Noon minute M.

21. I hereby certify that I attended the deceased from Werner
1947 19 to Dec 31 19 1947
that I last saw him alive on Dec 31, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary atherosclerosis
Due to Hypertension 5 yrs
Due to Arterio Sclerosis 20 yrs

Other conditions no
(Include pregnancy within 3 months of death)

Major findings: Of operations no 9/12
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) no
(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 _____
23. Signature Mrs. Carolyn (M.D. or other)
Address 4000 Baltimore Date signed 12-31-47

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

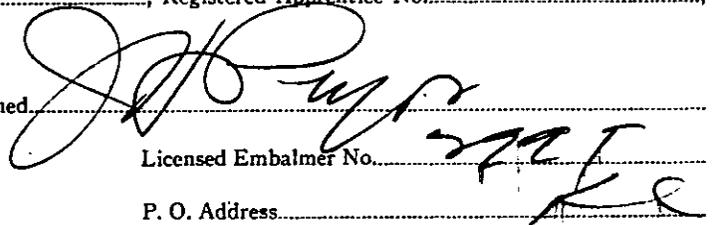
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STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No.....

P. O. Address.....

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.