FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 20 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36732

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4523

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: TRINITY LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 DAYS (Specify whether
In this community 50 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. 5604 MICHIGAN AVENUE
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME MISS. HAZEL EDNA MALONE

3. (b) If veteran, name war No

3. (c) Social Security No. 486-07-3884

4. Sex FEMALE

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 AUGUST (Month) 27, (Day) 1886 (Year)

8. AGE: Years 62 Months 2 Days 81 If less than one day hr. min.

9. Birthplace AURORA (City, town, or county) NEBRASKA (State or foreign country)

10. Usual occupation INSPECTOR-MAIL CLERK

11. Industry or business JOHN TAYLOR'S 35 YRS

FATHER
12. Name FRANK E. MALONE
13. Birthplace UNKNOWN (City, town, or county) COLORADO (State or foreign country)

MOTHER
14. Maiden name CELESTIA G. NEIGHARDT
15. Birthplace BROWNFIELD (City, town, or county) NEBRASKA (State or foreign country)

16. (a) Informant Mrs. Joseph H. ~~Storey~~ STORY Jr.
(b) Address 5604 Michigan Ave

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 6. 1948 (Month) (Day) (Year)
(c) Place: burial or cremation FOREST HILL CEM.

18. (a) Signature of funeral director D.W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd

19. (a) 11-6-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 4
year 1948 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from October 4th, 1948, to Nov 4th, 1948;
that I last saw her alive on Nov 4th, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Failure	1 Day
Due to Acute Sub Leukemia Leukemia	1 Month
Due to	
Other conditions (Include pregnancy within 3 months of death) 94	

Major findings:
Of operations

Of autopsy Acute Sub Leukemia Leukemia

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?
Charles B. Tasker (Specify type of place)
While at work? (e) Means of injury

23. Signature Charles B. Tasker (M. D. or other) MD
Address 1103 Grand Date signed 11/5/48

(Licensed Embalmer's Statement on Reverse Side)

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 Robert Kay

Licensed Embalmer No. 4182

P. O. Address Kansas City, M

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.