

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27542**  
**3443**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**

c. CITY OR TOWN **Kansas City**

d. Is Residence within limits of a city or incorporated town? Yes  No

c. LENGTH OF STAY (in this place) **69 yrs.**

f. STREET ADDRESS (If rural, give location) **5331 Highland**

**3754**

3. NAME OF DECEASED  
a. (First) **MARGARET** b. (Middle) \_\_\_\_\_ c. (Last) **MOLLOY** 4. DATE OF DEATH (Month) (Day) (Year) **7 15 54**

5. SEX **Female** 6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single**

8. DATE OF BIRTH **Sept. 27, 1866**

9. AGE (In years last birthday) **87** IF UNDER 1 YEAR Months **9** Days **18** IF UNDER 1 HR. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired Dressmaker**

10b. KIND OF BUSINESS OR INDUSTRY **Self**

11. BIRTHPLACE (City and State or Foreign Country) **Cario, Ill.**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Cornelius Molloy**

13b. MOTHER'S MAIDEN NAME **Johanna**

14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) **No**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. C. A. Cravens-5101 Paseo-Kansas City, MO**

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Cerebral Edema**  
INTERVAL BETWEEN ONSET AND DEATH **19 hrs**  
ANTECEDENT CAUSES **Heat Exhaustion**  
DUE TO (b) **Heat Exhaustion**  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. **Arteriosclerosis**  
INTERVAL BETWEEN ONSET AND DEATH **24 hrs**  
**334X**  
**20 yrs**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **3/19**, 19**54**, to **7/15**, 19**54**, that I last saw the deceased alive on **7/14**, 19**54**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE **Joseph A. Fogarty** (Degree or title) **DO**

23b. ADDRESS **402 Northman Bldg** 23c. DATE SIGNED **7/16/54**

24. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **7/17/54**

24c. NAME OF CEMETERY OR CREMATORY **St. Mary's Cemetery**

24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

DATE REC'D BY LOCAL REG. **7-17-54** REGISTRAR'S SIGNATURE **Geraldine Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Melody-McGilley-Eylar-Kansas City, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

*Friday*  
*Dr. J. J. ...*  
*12:30 - 6:00*

**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 ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.