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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 14 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24296
2906

Registration District No. 399 Primary Registration District No. 1002 Registrar's No.

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: 932 East 77 St. (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 9 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City (If outside city or town limits write "RURAL")
(d) Street No. 932 East 77 St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME William H. Conway
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race wh
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 Nov. (Month) 21 (Day) 1859 (Year)

8. AGE: Years	Months	Days	If less than one day
81	7	28	hr. min.

9. Birthplace Jeffersonville (City, town, or county) Ind. (State or foreign country)
10. Usual occupation Railway Express Co.
11. Industry or business
FATHER
12. Name George Conway
13. Birthplace No Record (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Pyle
15. Birthplace Jeffersonville (City, town, or county) Ind (State or foreign country)
16. (a) Informant A. C. Estes
(b) Address 932 E. 77
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-21-40 (Month) (Day) (Year)
(c) Place: burial or cremation St Louis, Mo.
18. (a) Signature of funeral director Bentley Mortuary
(b) Address K. C. Mo.
19. (a) July 21, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 19 day year hour 8 minute 30 M.
21. I hereby certify that I attended the deceased from July 19, 1940, to July 19, 1940 that I last saw him alive on July 19, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy one day
Due to a previous stroke 5 years ago
Due to 82 [illegible]
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature R. C. Rogan (M. D. or other)
Address 404½ W 75th Date signed 7.20.40

(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 Guy Duffington

Licensed Embalmer No. 2756

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.