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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31211

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 3774

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: 4027 Central (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community 60 years 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. 4027 Central (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME MARY E. CONBOY

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John P. Conboy

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased March 20, 1856 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
84	6	9	hr. min.

9. Birthplace Liberty, Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation At Home 5

11. Industry or business 0

FATHER
12. Name Michael Dixon
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Annie Eagan
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant John P. Conboy
(b) Address 4027 Central

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-2-40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Quirk & Tobin Co
(b) Address Kansas City, Mo.

19. (a) 9-30-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29 year 1940 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 4, 1940, to Sept 29, 1940 that I last saw h____ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Circulatory Failure Senility — Duration 1 day

Due to Cerebral arteriosclerosis — Years

Cerebral Thrombosis — "

Due to 92.0

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

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 1

23. Signature Joseph H. Printz (M. D. or other)
Address 1024 Prof Bldg Date signed 9/30/40

(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 Maurice Lui

Licensed Embalmer No. 3634

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.