

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2461

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:  
St. Joseph's Hospital h  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 Days  
(Specify whether  
 In this community 27 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 41  
 (c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8  
 (d) Street No. 3630 College Avenue  
(If rural, give location) 1  
 (e) Citizen of foreign country? ..... (Yes or No)  
 If yes, name country .....

3. (a) PRINT FULL NAME Mrs. Lillian Mae Conn

3. (b) If veteran, name war None 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 Roy L. Conn 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased: June 20 1872  
(Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 6 If less than one day  
hr. min.

9. Birthplace Emporia Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Sylvester Shanks

13. Birthplace Michigan  
(City, town, or county) (State or foreign country)

14. Maiden name De Nio

15. Birthplace unk.  
(City, town, or county) (State or foreign country)

16. (a) Informant Roy G. Leppner  
 (b) Address 36130 College

17. (a) Burial (b) Date thereof June 29, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director D. H. ...  
 (b) Address 1401 Brush Creek Blvd

19. (a) 6/28/42 (b) M. M. Crowe  
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 2 day 26  
 year 1942 hour 10 minute 25P. M.

21. I hereby certify that I attended the deceased from Nov - 31, 1941, to June 26, 1942  
 that I last saw him alive on June 26 -, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death

Myocarditis -

Due to

Toxic bacillus -

Due to

Other conditions 138  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations

Of autopsy

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? (a) Means of injury 1

23. Signature D. D. ... (M. D. or other)

Address 636 ... Date signed 6/27/42

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

361

Mr. Cyrus Cantrell  
Ruggles Bldg  
1212

**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.....

*Emile M. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address.....

*R. C. Ho.*

**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.