

FILED MAR 31 1943

Registration District No. 149

Primary Registration District No. 1002

1411

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:
4124 Genesee
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community 50 years (Specify whether
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. 4124 Genesee
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Mary Ellen Conboy
3. (b) If veteran, name war none 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. day 21
year 1943 hour..... minute..... M.
21. I hereby certify that I attended the deceased from Aug 1942
..... 19..... to Mar 20 19 43
that I last saw her alive on March 20 19 43
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widow
6. (b) Name of husband or wife Thomas J. 6. (c) Age of husband or wife if
alive..... years
7. Birth date of deceased January 15, 1872
(Month) (Day) (Year)

Immediate cause of death.....
Carcinoma of colon
Due to..... 46 E
Due to.....

8. AGE: Years Months Days If less than one day
71 2 6 hr. min.

Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

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

10. Usual occupation Housewife

11. Industry or business none

12. Name Jeremiah Haley

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

14. Maiden name Mary Ready

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

16. (a) Informant Florence Conboy

(b) Address 4124 Genesee

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 23, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's Cemetery

18. (a) Signature of funeral director George Funeral Home
(b) Address 3146 Main St

19. (a) 3-23-43 (Date received local registrar) (b) M. H. Brown (Registrar's signature)

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?
23. Signature P. M. Brown (M. D. or other).....
Address 1401 5th Blvd Date signed 5-22-40

Duration
1 year
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

APR 5 1943

APR 8 1943

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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address H. C. Inc.

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.