S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 5 1944

Registration District No. 449

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 13609

Registrar's No. 1821

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: 2415 Oakley /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 38 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2415 Oakley 8
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Ada Jane Conwell

3. (b) If veteran, name war none

3. (c) Social Security No. 495-10-7039

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Edward B. Conwell

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased March (Month) 11, (Day) 1904 (Year)

8. AGE:

Years	Months	Days	If less than one day
40	1	14	hr. min.

9. Birthplace Johnson Co., (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Machine Operator

11. Industry or business Mare Island Navy Yard

FATHER
12. Name John W. Correll
13. Birthplace (City, town, or county) Ill. / (State or foreign country)

MOTHER
14. Maiden name Stella May Summers
15. Birthplace Warrensburg (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Edward B. Conwell
(b) Address 2415 Oakley

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-27-44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 4-26-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 25 year 1944 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from Jan 4th, 1944, 19—, to April 24th, 1944 that I last saw her alive on April 24th, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer (Left Breast)

Due to metastases into mediastinum and

Due to spine

Other conditions none 0
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none done

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 E P Monahan (M.D. or other)

Address 311 Argyle 19 C Mo Date signed 4/28/44

(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.....

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