V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 29 1945

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 8523

Registrar's No. 1237

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:
General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

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

(d) Street No. 6818 E. 12th St. Terrace
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT MRS.
FULL NAME Naomi Conner

3. (b) If veteran, name war No.

3. (c) Social Security No. 506-14-4792

4. Sex F 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife MR. Ed. CONNOR

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

7. Birth date of deceased Jan. 18, 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	1	~~20~~ 29	hr. min.

9. Birthplace Arkansas - Sulphur Springs 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired 1 yr.

11. Industry or business WAITRESS

FATHER
12. Name Solomon Vonderpool
13. Birthplace Berry County Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Doris Amos
15. Birthplace Deceased - Dallas Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Leovid West
(b) Address 721 Paseo

17. (a) Removal ~~Burial~~ (Burial, cremation, or removal) (b) Date thereof March 18-'45
(Month) (Day) (Year)

(c) Place: ~~burial or cremation~~ Sulphur Springs Ark

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

19. (a) 3-19-45 (Date received local registrar) (b) T. E. Brown (VZ) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1945 hour 9 minute 5 P.M.

21. I hereby certify that I attended the deceased from
March 5, 1945 to March 17, 1945
that I last saw her alive on March 17, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Toxic thyroid with crisis

Due to

Due to

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 Clark W. Seeley MD (M. D. or other)

Address Date signed

(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 E. Oscar Worthy

Licensed Embalmer No. 1767

P. O. Address Kansas City Mo.

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.