

No. 2
-5-43
-17-39
X36871

FILED MAY 24 1946
Registration District No. 56-77-188

Primary Registration District No. 188-5699

State File No. _____
Registrar's No. 3

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Dawn RFD
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home 6 miles S.W. Avalon
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX
In this community All his life. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Livingston 59

(c) City or town 6 Miles S.W. Avalon, Missouri.
(If outside city or town limits, write "RURAL")

(d) Street No. Dawn, Missouri. RFD
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country XXX

3. (a) PRINT FULL NAME James L. Condron.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m o 5. Color or race W

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

6. (b) Name of husband or wife Mallisa Condron alive _____ years

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

7. Birth date of deceased: October 3rd, 1867
(Month) (Day) (Year)

8. AGE: 78 Years 6 Months 25 Days 0 hr. 0 min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Peter Condron 9

13. Birthplace dont know 9
(City, town, or county) (State or foreign country)

14. Maiden name Jamima Sugg.

15. Birthplace dont know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Leona McDaneld.

(b) Address Hale, Missouri.

17. (a) Burial (b) Date thereof 4/30/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Mound.

18. (a) Signature of funeral director Clifford W. Austin.

(b) Address Tina, Missouri.

19. (a) 4-29-46 (b) Mrs. Earl Doss
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28th day April
year 1946 hour 11.00 minute P.M.

21. I hereby certify that I attended the deceased from April 20, 1946, to April 28, 1946, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|--|
| <u>Cerebral Embolism</u> | <u>8 days.</u> |
| Due to <u>MYOCARDIAL FAILURE</u> | <u>2 yrs.</u> |
| Due to <u>Arteriosclerosis</u> | <u>4 yrs.</u> |
| Other conditions <small>(Include pregnancy within 3 months of death)</small> | |
| Major findings: Of operations _____ | PHYSICIAN Underline the cause to which death should be charged statistically. |
| Of autopsy _____ | |

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature R. V. Mathew 2:00 (M. D. or other)
Address Livingston, Mo. Date signed 4/27/46

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

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

Alfred W. Austin

Licensed Embalmer No. 3233

P. O. Address Juni, Missouri.

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.