

No. 300
-10-47
5-17-39
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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40071

FILED JAN 8 1949 49

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 5192

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 days
In this community 20 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. 7631 Walnut Street
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ellen F. CONLEY

3. (b) If veteran, name war NO 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Peter Conley 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 10, 1863
(Month) (Day) (Year)

8. AGE: Years 85 Months 2 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business At home

12. Name Thomas Duffy

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

14. Maiden name Mary Fleming

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

16. (a) Informant Mrs. Geo. J. Casper

(b) Address 7631 Walnut St., K. C., Mo.

17. (a) Burial (b) Date thereof 12-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Melody McGilley-Eylar
(b) Address Kansas City, Missouri

19. (a) 12-22-48 (b) Sheddine Holman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21
year 1948 hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from Jan 1st, 1944, to Dec 21, 1948
that I last saw her alive on Dec 21, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic-Subarachnoid Hemorrhage
Arteriosclerosis-Chronic Glomerular Nephritis
Due to _____

Due to Diabetic Coma & Subarachnoid Hemorrhage

Other conditions (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?

While at work? (Specify type of place) (e) Means of injury _____

23. Signature M. F. Sewell M. F. Sewell
Address 1722 W. 39 Date signed 12-22-48

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

Dr. J. F. Aswell
Vo. 5883
1772 W. 39

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.....

J. Bryson

Licensed Embalmer No.....

P. O. Address.....

KL

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.