

FILED MAR 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

7187

State File No. ....

108  
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>48</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Washington Twp</u>		c. LENGTH OF STAY (in this place) <u>4-7-74-120</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Jackson City</u>		48 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 32</u>				d. STREET ADDRESS (If rural, give location) <u>1617 Elmwood</u> 1 8			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> b. (Middle) <u>Conley</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>3-8-1949</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>5-14-1866</u>		9. AGE (in years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>9</u>	IF UNDER 24 HRS. Hours <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u> 10			12. CITIZEN OF WHAT COUNTRY? <u>Jackson</u>	
13a. FATHER'S NAME <u>J. Bernard Clary</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza</u> 11		14. NAME OF HUSBAND OR WIFE <u>unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harvey Skinner = 501 W 11th Kansas City, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs +</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u> 794X					
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>-</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6-1-1946</u> , to <u>3-8-1949</u> , that I last saw the deceased alive on <u>3-8-1949</u> , and that death occurred at <u>8:10 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. R. Bunch, M.D.</u> (Degree or title)				23b. ADDRESS <u>State Hospital # 3</u>		23c. DATE SIGNED <u>3-8-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3-9-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>unknown</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Mar. 9, 1949</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Hancock</u> 331		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>B. W. NEWCOMER'S SONS K.C., Mo.</u>			

RECEIVED

District Health Officer No. 7,

District File Number 249-213

Date Filed 3.12.49

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Robert Ray

Licensed Embalmer No. 4162

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.