

FILED JUN 1 1949

STANDARD CERTIFICATE OF DEATH

State File No. **15281**

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5289 Registrar's No. 335

1. PLACE OF DEATH a. COUNTY <u>Clay Gallegos Twp.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Harlem North K.C.</u>		c. LENGTH OF STAY (In this place) <u>20 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural #8 North K.C. Harlem</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. 8, North Kansas City Mo.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.8 North K.C. Harlem</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alfred</u> b. (Middle) <u>Aron</u> c. (Last) <u>Conner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mayt. 20 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single Never M.</u>	8. DATE OF BIRTH <u>Sept. 1874</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Days <u>X</u> MONTHS <u>X</u> YEARS <u>X</u> IF UNDER 1 HRS. Hours <u>X</u> Min. <u>X</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Labor</u>	11. BIRTHPLACE (State or foreign country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Elisha Conner</u>		13b. MOTHER'S MAIDEN NAME <u>Irena Wells</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>XXXX</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Authar Lee Conner</u>		ADDRESS <u>Tola Kansas</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</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) _____		INTERVAL BETWEEN ONSET AND DEATH  <u>3 3/4 X</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>O. S. Paterno Conner</u>			23b. ADDRESS <u>North Kansas City Mo</u>		23c. DATE SIGNED <u>5/21/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>May 21, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Tola Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Tola Kansas</u>		
DATE REC'D BY LOCAL REG. <u>May 21-49</u>	REGISTRAR'S SIGNATURE <u>Beelek Kitchener</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Morton-Smith's</u>		ADDRESS <u>North Kansas City</u>

MAY 31 REC'D

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-31-49

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 Theon O Smith

Licensed Embalmer No. 3925

P. O. Address North Kansas City

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.