

FILED SEP 2 1950

THE REPUBLIC OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26808

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3486

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY UNK.
c. LENGTH OF STAY (In this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 118 1/2 INDEP AVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MO b. COUNTY JACKSON
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY ✓
d. STREET ADDRESS (If rural, give location) 118 1/2 INDEP AVE 30th

3. NAME OF DECEASED
a. (First) WILLIAM b. (Middle) E c. (Last) CONROY
(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
8 11 50

5. SEX MO 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH --

9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months Days IF UNDER 24 Hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) WYKOFF MINN 12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME unknown

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI

16. SOCIAL SECURITY NO. 493-26-4983

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Coroner's Office K. C. Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH

*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) Cause of death unknown
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.

79-15

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION No Relative to Legn Post Permit

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural

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 (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

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 Hugh H. OWENS (Degree or title) Hugh H. Owens Coroner

23b. ADDRESS 1039 Riata Bldg

23c. DATE SIGNED 8-15-50

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

24b. DATE 5/8/16/50

24c. NAME OF CEMETERY OR CREMATORY FT LEAVENWORTH ATLCEN LEAVENWORTH

24d. LOCATION (City, town, or county) (State) KANSAS

DATE REC'D BY LOCAL REG. 8-15-50

REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SEBBETO'S CITY

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

SEP 5 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Ray E Snow

Signed.....
Student Embalmer

Licensed Embalmer No. *25-60*

P. O. Address *K E M*

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.