

FILED AUG 10 1954

STANDARD CERTIFICATE OF DEATH

State File No. 30892 Registrar's No. 3089

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place) OR TOWN Kansas City Life

c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes [X] No []

d. FULL NAME OF HOSPITAL OR INSTITUTION: 4319 Roanoke Parkway

e. STREET ADDRESS (If rural, give location) 4319 Roanoke Parkway 3713

3. NAME OF DECEASED a. (First) FRANCES b. (Middle) c. (Last) CONRAD

4. DATE OF DEATH (Month) (Day) (Year) July 5 54

5. SEX Female 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced

8. DATE OF BIRTH March 13, 1901

9. AGE (In years last birthday) 53

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Charles A. Eason

13b. MOTHER'S MAIDEN NAME Clara Wagaman

14. NAME OF HUSBAND OR WIFE William Conrad

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

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. A.L. Higgins, 5100 Neosho Lane, K.C. Mo.

MEDICAL CERTIFICATION

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 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.

INTERVAL BETWEEN ONSET AND DEATH 7955

18a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [] NO [X]

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)

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 H. L. Dwyer (Degree or title)

23b. ADDRESS 5100 Neosho Lane, K.C. Mo.

23c. DATE SIGNED 7-6-54

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

24b. DATE 7-7-54

24c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory

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

DATE REC'D BY LOCAL REG. 7-6-54

REGISTRAR'S SIGNATURE Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO. K.C. MO.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Hugh Dwyer

Epp - 3:40 P.M.

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.....
Signature of Student Embalmer

Signed Gerald A. Burger

Licensed Embalmer No. 476

P. O. Address K. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.