

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</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 <u>Kansas City</u> <small>Outside corporate limits, write RURAL and give township</small>		c. CITY OR TOWN <u>Kansas City</u> <small>is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></small>	
c. LENGTH OF STAY (in this place) <u>27 yr</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pleasant View Nursing Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>5053 Lyons</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MENECEIE</u>	b. (Middle) <u>ALICE</u>	c. (Last) <u>CONGROVE</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>July 7-1954</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec-8-1868</u>	9. AGE (In years last birthday) <u>85</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Fredonia, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
----------------------	-------------------------------	---	------------------------------------	---	---	--	--

13a. FATHER'S NAME <u>Pragan McReynolds</u>	13b. MOTHER'S MAIDEN NAME <u>May P. Lockhart</u>	14. NAME OF HUSBAND OR WIFE <u>Wm. Congrove</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Earl Congrove</u>	18. ADDRESS <u>124 So. Lawn K.C., Mo.</u>
---	-------------------------------	--	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <small>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</small>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>		MEDICAL CERTIFICATION <u>Arteriosclerosis</u>	INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4500</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) _____	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 5-1-54 to 7-7-54, that I last saw the deceased alive on 7-7-54, and that death occurred at 9 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Paul Lauritzen</u>	23b. ADDRESS <u>428 South Whitehall</u>	23c. DATE SIGNED <u>7-7-54</u>
--	---	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 9-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
---	------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>7-9-54</u>	REGISTRAR'S SIGNATURE <u>Sheldine Smith</u>	FUNERAL DIRECTOR'S SIGNATURE <u>C.H. Blackman &amp; Son Inc.</u>	ADDRESS _____
--	---	--	---------------

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

