

REC'D MAR 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH5497
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1102
 (c) City Kansas City, Mo. (d) Street No. 901 Paseo, K.C.Mo. Registered No. 696 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frances Conroy

(a) Residence, No. 901 Paseo, K.C.Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Conroy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9th, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 2 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER 13. NAME Jas. P. Mc Laughlin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Rebecca Owens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT John Conroy, 901 Paseo,
(ADDRESS) Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys, Cem. DATE Feb. 20, 1939

19. FUNERAL DIRECTOR (NAME) Mrs. C.L. Forster
(ADDRESS) 913 Brooklyn Avenue, K.C.Mo.

20. FILED 2/18 1939 M.M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1937, to Feb. 17, 1939
 I last saw her alive on 8th, 1939. Death is said to have occurred on the date stated above, at 12:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Typhoid (Chronic) Date of onset Several years ago
131

Other contributory causes of importance:

Chronic nephritis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical, Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W. J. Crowder _____, M. D.
 (Address) 4214 Main

4214 Main Str.,
Val: 4332
8th, and Lydia.
2 to 5

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.