

MISSO AUG 7 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24696
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson 3 Registration District No. 399
(b) Township New Primary Registration District No. 100th Registered No. 2969
(c) City Kansas City (d) Street No. Federal Bldg 8th & M. St St.
(e) Length of residence in city or town where death occurred (If death occurred in Hospital or Institution, write its name instead of street and number) yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME John Conley
(a) Residence, No. 511 St. 1937 Broadway (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9 - 1873
7. AGE YEARS 66 MONTHS 8 DAYS 8 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Gilbert
9. Industry or business in which work was done, as saw mill, bank, etc. Shaw Construction Co
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) Clinton Iowa
13. NAME Michael Conley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
15. MAIDEN NAME Margaret Burns
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
17. INFORMANT (ADDRESS) Thomas Hawthorn
1937 Broadway
18. BURIAL CREMATION OR REMOVAL PLACE St. Mary's DATE 7/19/39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. D. Donnell
3756 Broadway
20. FILED July 18, 1939 M. M. Croft
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-17-39
22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.
I last saw _____ on _____, 19____. Death is said to have occurred on the date stated above, at _____.
The principal cause of death and related causes of importance were as follows:
Crushing injury head & chest
in loaded walkway
at work
Date of onset _____
Other contributory causes of importance: 2108
Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide _____ Date of injury 7-17-39
Where did injury occur? St. Louis (Specify city or town, county, and State)
Specify whether injury occurred in industry, at home, or in public place. Industry
Manner of injury hit by truck
Nature of injury Crushing injury head & chest
24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Russell W. Jones, M. D.
(Address) _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.