No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1942

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 100

State File No. 5921

Registrar's No. 218

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2136 South 10th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether
In this community: 41 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 2136 South 10th St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME: Edwin R. Conant
3. (b) If veteran, name war: none
3. (c) Social Security No. 491-10-9684
4. Sex: Male
5. Color or race: white
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: October 24th, 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
69	4	9	hr. min.

9. Birthplace: La Porte, Indiana (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Boxmaker
11. Industry or business: Western Tablet Company

FATHER
12. Name: Albin S Conant
13. Birthplace: unknown U.S.A. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Jane Grill
15. Birthplace: Pennsylvania (City, town, or county) (State or foreign country)

16. (a) Informant: Miss Mildred Conant
(b) Address: 2136 South 10th St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Oakland Cemetery
18. (a) Signature of funeral director: Tracy Barry Funeral Home
(b) Address: 218 South 10th St
19. (a) Mar 6, 1942 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month: March day: 3
year: 1942 hour: 6 minute: 30P.M.
21. I hereby certify that I attended the deceased from Febr 21, 1942, to March 3, 1942; that I last saw him alive on Febr 21, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis
Due to: Hypertension
Arteriosclerosis General
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury:
23. Signature: [signature] (M. D. or other) MD
Address: 221 Kirkpatrick Bldg. Date signed 3/5/42

(Licensed Embalmer's Statement on Reverse Side) ST. JOSEPH

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 Victor J. Barry

Licensed Embalmer No. 4212

P. O. Address St. Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.