

Registration District No. .... Primary Registration District No. **1002** Registrar's No. ....

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

**1. PLACE OF DEATH:**

(a) County Jackson

(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none 205 W. 9th St  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community unknown  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City **3**  
(If outside city or town limits, write "RURAL") **8**

(d) Street No. 205 West 9th Street  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **1**  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** James E. Conlin

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

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 unknown  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>unknown</u>			hr. min.

9. Birthplace unknown **9**  
(City, town, or county) (State or foreign country)

10. Usual occupation Carnival worker

11. Industry or business Circus and Shows

**MOTHER FATHER**

12. Name unknown **9**

13. Birthplace unknown **9**  
(City, town, or county) (State or foreign country)

14. Maiden name unknown **9**

15. Birthplace unknown **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Turner, Investigator  
(b) Address Court House, K C Mo

17. (a) removal (b) Date thereof May 2, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Minneapolis, Minn

18. (a) Signature of funeral director Jayce Funeral Home  
(b) Address 3146 Main St., K C Mo

19. (a) 5-2-42 (b) Dr. H. H. Crowe  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 30th  
year 1942 hour 4 minute 05 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Alcoholism

Due to Acute Pulmonary Edema

Due to 770

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) \_\_\_\_\_  
Address [Signature] Date signed \_\_\_\_\_

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**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..... *Park G. Rowe* .....

Licensed Embalmer No. *2347* .....

P. O. Address..... *K. E. 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 this body is not embalmed, fact should be so stated above.**