S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36154

FILED DEC 7 1942

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4422

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ... (Specify whether years, months or days)
In this community 912 Grafield ave 8 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas city Mo. 38
(If outside city or town limits, write "RURAL")
(d) Street No. 912 Grafield. ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James H Conn

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Male

5. Color or race Colored

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Amanda Conn

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Sept (Month) 26 (Day) 1890 (Year)

8. AGE: Years 52 Months 2 Days 6 If less than one day ... hr. ... min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Laborer more

11. Industry or business Laborer Comm

MOTHER FATHER

12. Name N. L. Conn

13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Amanda Conn
(b) Address 912 Grafield ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-30-42 (Month) (Day) (Year)
(c) Place: burial or cremation Blue Ridge Cemetery

18. (a) Signature of funeral director Graham Funeral
(b) Address 2208 Vine st

19. (a) 11-30-42 (Date received local registrar) (b) M. M. Crane (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 26 year 1942 hour 3:30 minute C. M.

21. I hereby certify that I attended the deceased from ... to ... 19..; that I last saw h... alive on ... 19..; and that death occurred on the date and hour stated above.
Deputy Coroner

	Duration
Immediate cause of death: Coronary Occlusion	
Due to: Sclerosis	
Due to: Hypertensive Myocarditis	
Other conditions (Include pregnancy within 3 months of death): Acute Pulmonary Edema	

Major findings:
Of operations 93 H
Of autopsy yes

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. J. Richardson (M. D. or other)
Address 1832 Vine Date signed 11-27-42

561 (Licensed Embalmer's Statement on Reverse Side)

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 B. L. Graham

2540. Licensed Embalmer No. 2540 ~~Vine st~~

P. O. Address 2208 Vine st

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.