

S. No. 2  
M-5-42  
5-17-39  
X32872

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13100

State File No. ....

ED MAY 3 1949  
Registration District No. 149

Primary Registration District No. 1602

Registrar's No. 1592

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: K.C. General Hospital No. 1  
(d) Length of stay: In hospital or institution 13 days  
In this community 50 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 48  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 2716 Benton  
(e) Citizen of foreign country? 0

3. (a) PRINT FULL NAME JEFFERSON Thomas Condon  
(b) If veteran, name war No  
(c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 1st  
year 1943 hour 3 minute 50 P. M.  
21. I hereby certify that I attended the deceased from 3-19-43 to 4-1-1943  
that I last saw him alive on 4-1-1943

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Delia  
6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased April 25, 1860

Immediate cause of death Arteriosclerotic heart disease  
Duration

8. AGE: Years 82 Months 11 Days 6  
If less than one day hr. min.

Due to 93.5  
Due to

9. Birthplace Chicago Ill  
10. Usual occupation Retired Fireman  
11. Industry or business R. E. Ser. R. R.

Other conditions (include pregnancy within 3 months of death)  
PHYSICIAN

MOTHER FATHER  
12. Name Unknown  
13. Birthplace Ireland  
14. Maiden name Unknown  
15. Birthplace Ireland

Major findings: Of operations  
Of autopsy None  
Underline the cause to which death should be charged statistically.

16. (a) Informant E. G. Condon  
(b) Address 2716 Benton Blvd  
17. (a) Burial (b) Date thereof April 3, 1943  
(c) Place: burial or cremation Forest Hill  
18. (a) Signature of funeral director H. Blackman  
(b) Address 1111 N. C. Ave  
19. (a) 4/31/43 (b) M. M. Crowe

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature Wm R. Thom (M. D. or other)  
Address Ed. Dir K. C. Gen. Hospital Date signed

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

**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..... *H. B. Blackman* .....

Licensed Embalmer No. *3639* .....

P. O. Address..... *K. C. Mc* .....

**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.**