S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40893

FILED JAN 5 1949

Registration District No. 1449

Primary Registration District No. 1002

Registrar's No. 5526

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:
Little Sisters of the Poor 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Years (Specify whether
In this community No Record
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48 3

(c) City or town K.C.
(If outside city or town limits, write "RURAL")

(d) Street No. 5331 Highland 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James Condon

3. (b) If veteran, name war No Rec.

3. (c) Social Security No. No Rec.

4. Sex Male

5. Color or race 0 White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased December (Month) 18 (Day) 1868 (Year)

8. AGE: Years 75 ~~71~~ Months 0 Days 6 If less than one day hr. min.

9. Birthplace Chicago (City, town, or county) 1 (State or foreign country)

10. Usual occupation No Record

11. Industry or business

FATHER
12. Name Timothy Condon
13. Birthplace No Record (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Kate Payne
15. Birthplace No Record (City, town, or county) 9 (State or foreign country)

16. (a) Informant Sister St. Thiele
(b) Address Little Sisters of Poor

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/27/43 (Month) (Day) (Year)
(c) Place: burial or cremation Chicago, Illinois

18. (a) Signature of funeral director Quirk + Tobin Co.
(b) Address 20 W. Linwood, K.C., Mo.

19. (a) 12-27-43 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24th year 1943 hour 4 A.M. minute M.

21. I hereby certify that I attended the deceased from Nov. 25th 1943, to Dec. 24th 1943; that I last saw him alive on December 23, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	3 da
Due to Generalized Arterio Sclerosis	years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 0

23. Signature John Thurner (M. D. or other) MD
Address 1404 Bryant Bldg. Date signed

(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 Charles M. Quirk

Licensed Embalmer No. 3744

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, fact should be so stated above.