. S. No. 2
M—9-4-41
v. 5-17-39
P 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. 272777

FILED SEP 9 1944

Registration District No. 42 — Primary Registration District No. 1001 — Registrar's No. 885

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: State Hospital No. 2.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 years 5 mos. 9 days (Specify whether years, months or days)
In this community: 5 years, 5 months 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 3104 Paseo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: SYLVESTER McCONAUGHEY
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Maude McConaughey
6. (c) Age of husband or wife if alive: Unknown years
7. Birth date of deceased: 8-25-1881. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
63	0	12	hr. min.

9. Birthplace: Columbia (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Steam engineer.
11. Industry or business:
FATHER 12. Name: Geo. Wm. McConaughey
13. Birthplace: ? (City, town, or county) Virginia (State or foreign country)
MOTHER 14. Maiden name: Roque ?
15. Birthplace: ? (City, town, or county) Ohio (State or foreign country)
16. (a) Informant: Jno. E. McConaughey
(b) Address: 3104 Paseo - K. C. Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 9-7-44 (Month) (Day) (Year)
(c) Place: burial or cremation:
18. (a) Signature of funeral director: O'Donnell's
(b) Address: Troy Kansas
19. (a) 9/7/44 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 7 year 1944 hour 5 minute 15 P. M.
21. I hereby certify that I attended the deceased from 3-15-, 1944, to 9-7-, 1944, that I last saw him alive on 9-7-, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchio-pneumonia	4 days.
Due to: Cerebral arteria-sclerosis	10 years
Due to:	
Other conditions (Include pregnancy within 3 months of death): 107	
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:
23. Signature: J. H. Morgan (M. D. or other)
Address: State Hospital No. 2. Date signed: 9/7/44

1377 (Licensed Embalmer's Statement on Reverse Side)

JAN 9 1958

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.....

Licensed Embalmer No.....

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.