

S. No. 2
FORM-5-43
Rev. 5-17-39
No. I X36871

FILED SEP 26 1944

Registration District No. **1002** Primary Registration District No. **1002**

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:
IN AMBULANCE ENROUTE FROM PLAMOR TO GENERAL HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____

In this community **30 YEARS 3** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **MR EUGENE A. CONANT**

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE**

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

6. (b) Name of husband or wife **MRS. HELEN CONANT**

6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **JULY 16 - 1882**
(Month) (Day) (Year)

8. AGE: Years **62** Months **1** Days **28** If less than one day hr. min.

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

10. Usual occupation **CUSTODIAN**

11. Industry or business **LINWOOD METHODIST CHURCH**

12. Name **WILLIAM CONANT**

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

14. Maiden name **EDITH CHISHOLM**

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

16. (a) Informant **Mrs Helen Conant**

(b) Address **3119 Olive**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **SEPT-16-1944**
(Month) (Day) (Year)

(c) Place: burial or cremation **MT WASHINGTON CEM.**

18. (a) Signature of funeral director **D. H. Newcomer Louis**

(b) Address **1401 BRUSH GREEN BLYD.**

19. (a) **9-16-44** (Date received local registrar) (b) **N. E. Brown** (Registrar's signature)

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. **3119- OLIVE STREET**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPT.** day **14TH**
year **1944** hour **10** minute **00 P. M.**

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

Immediate cause of death: **Acute Coronary Occlusion**

Due to _____

Due to _____

Other conditions: **94a**
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy **See Above**

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 **A. E. Wether** (M.D. name) **28 McCoy**
Address _____ Date signed **9/13/44**

JUN 20 1947

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.