S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16337

FILED JUN 13 1945

Registration District No. 2

Primary Registration District No. 1000

Registrar's No. 622

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:
2018 So. 11th. St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2018 So. 11th. St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME Mary Ann (Mamie) Conant

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Conant

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

7. Birth date of deceased May (Month) 29 (Day) 1878 (Year)

8. AGE: Years 67 Months 0 Days 2 If less than one day ____ hr. ____ min.

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

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name James Shea
13. Birthplace Unknown (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name Mary Handley
15. Birthplace Unknown (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant Mildred Conant
(b) Address 2018 So. 11th. St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June, 4, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Herman Wm Hedenfadin
(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) June, 2, 1945 (Date received local registrar) (b) Helen I. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1945 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from Apr 19, 1945, to May 31, 1945;
that I last saw her alive on May 31, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Concussion brain	May 3/45
Due to Fall on floor -	
Due to	
Other conditions Mitral Stenosis - (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) accident - 131
(b) Date of occurrence May 3/45
(c) Where did injury occur? St Joseph (City or town) Buchanan (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home (Specify type of place)
While at work? No (e) Means of injury Fall on floor, Strong head in bucket

23. Signature Frank H. Hardigan (M. D. or other)
Address 620 Frances Date signed 6/1/45

1377 (Licensed Embalmer's Statement on Reverse Side)

JUN 22 1945

FEB 6 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 Keith Collier

Licensed Embalmer No. 3632

P. O. Address St Joseph M

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.