

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19448**
Registrar's No. **2694**

FILED JUL 11 1945
Registration District No. **249**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(g) 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:
Rockhill Manor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no.** (Specify whether years, months or days)

In this community **Since 1938**

3. (a) PRINT FULL NAME **Mrs. Martha Elizabeth Conroy**

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

3. (c) Social Security No. **no.**

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife **Vincent Paul Conroy**

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

7. Birth date of deceased **April 2 1901**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
44	2	23	hr. min.

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

10. Usual occupation **at home**

11. Industry or business **X**

12. Name **H. Porter Shaffer**

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

14. Maiden name **Grace Brown**

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

16. (a) Informant **Vincent Paul Conroy**

(b) Address **Rockhill Manor, Kansas City, Mo.**

17. (a) **Removal** (b) Date thereof **6-28-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Baltimore, Maryland**

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **6-26-45** (b) **Geraldine Helmer**
(Date received local registrar) (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. **Rockhill Manor**
(If rural, give location)

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

If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** 25
year **1945** hour **9:45** minute **A.** M.

21. I hereby certify that I attended the deceased from **June**, 19**45**, to **June**, 19**45**, that I last saw h **alive on** and that death occurred on the date and hour stated above.

Immediate cause of death **Phenobarbital poisoning**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **1952**

Of autopsy **Yes permit history + inspection**

PHYSICIAN **19**

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) **Doit know**

(b) Date of occurrence **6-25-1945**

(c) Where did injury occur? **Rockhill Manor, K.C., Jackson**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **In home**

While at work? **no** (Specify type of place) (e) Means of injury **Phenobarbital**

23. Signature **James C. Blalock** (M. D. or other) **Blalock**

Address **1949 paper rd** Date signed **6-25-45**

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

Robert H. Reed

Licensed Embalmer No.

3745

P. O. Address

N. C. 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.