S. No. 2
DM—2-43
v. 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

FILED JUL 17 1945

State File No. 22368

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 2812

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~~:
1009- ASKEW AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ----
In this community 30 YEARS (Specify whether years, months or 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. 1009- ASKEW AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ----

3. (a) PRINT FULL NAME MR. HARRISON M. CONKLIN
3. (b) If veteran, name war NO
3. (c) Social Security No. 487-05-3810
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of ~~husband or wife~~ MRS. FRANCES CONKLIN
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased JULY (Month) 25 (Day) 1888 (Year)
8. AGE: Years 56 Months 11 Days 29 If less than one day hr. min.
9. Birthplace IOWA CITY (City, town, or county) IOWA (State or foreign country)
10. Usual occupation MILL WORKER
11. Industry or business SHEFFIELD STEEL CORP.
FATHER
12. Name GEORGE W. CONKLIN
13. Birthplace UNKNOWN (City, town, or county) INDIANA (State or foreign country)
MOTHER
14. Maiden name LOUISE REYNOLDS
15. Birthplace ABBINGTON (City, town, or county) ILLINOIS (State or foreign country)
16. (a) Informant MRS. FRANCES CONKLIN
(b) Address 1009- ASKEW AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY-6-1945 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ ELMWOOD CEMETERY
18. (a) Signature of funeral director O. H. Newcomer Son
(b) Address 1401- BRUSH CREEK BLVD.
19. (a) 7-5-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 4TH year 1945 hour ____ minute ____ A.M.
21. I hereby certify that I attended the deceased from June, 1943 to July 4, 1945 that I last saw him alive on July 3, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93 D	

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature [illegible] M.D. (M. D. or other)
Address 3309 [illegible] Date signed 7-4-45

(Licensed Embalmer's Statement on Reverse Side)

3309 East 12th street
2nd floor

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 N O Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K 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.