V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32606

FILED NOV 8 1945

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4433

18
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson County

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
General Hospital #2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10-22-45/10-27-45 (Specify whether
In this community 72 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City, Missouri 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1712 Euclid Avenue 8
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George Conway

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

3. (c) Social Security No. 495-03-1999

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Georgia Conway-wife

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased 3 (Month) 14 (Day) 1893 (Year)

8. AGE:	Years	Months	Days	If less than one day
52	52	7	13	hr. min.

9. Birthplace Higginsville ~~Kansas City~~ (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Common Laborer

11. Industry or business

FATHER
12. Name George Conway, Sr.
13. Birthplace Higginsville (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Anna Green
15. Birthplace Higginsville (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Record Clerk
(b) Address Gen. Hosp. #2-600 E. 22nd. St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-30-45 (Month) (Day) (Year)
(c) Place: burial or cremation Higginsville Mo.

18. (a) Signature of funeral director West, Appleton & Jones
(b) Address 1905 Ving. St.

19. (a) 10-29-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 27
year 1945 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from 10-22-45/10-27-45, 19 , to , 19 ;
that I last saw him alive on 10-27-45, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro Vascular Accident

Due to Hypertension

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 [signature] (M. D. or other)

Address Gen. Hosp. #2-600 E. 22nd. St. Date signed 10-27-45

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(Licensed Embalmer's Statement on Reverse Side)

NOV 9 1945

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 O. F. West

Licensed Embalmer No. 7710

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.