No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24200

FILED JUL 19 1947

Registration District No. 479

Primary Registration District No. 1002

Registrar's No. 2899

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: 18 WEST 70 TH STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 43 YEARS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3217 SUMMIT STREET 8
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME CATHERINE CONDON HALE

3. (b) If veteran, name war NO

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~~ MR. JAMES H. HALE

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

7. Birth date of deceased NOV. 22. 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	7	14	..... hr. ..... min.

9. Birthplace CHICAGO. ILLINOIS 1
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

FATHER
12. Name DANIEL M. CONDON
13. Birthplace UNKNOWN. IRELAND. 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ANNE CONNERS
15. Birthplace UNKNOWN. IRELAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant MR. ARTHUR A. HALE

(b) Address LOS ANGELES, CALIFORNIA

17. (a) BURIAL (b) Date thereof JULY 9, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ CALVARY CEMETERY

18. (a) Signature of funeral director O. N. Newcomer Sons

(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 7-8-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 6TH
year 1947 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from March 15, 1947, to July 6, 1947
that I last saw her alive on July 6, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	2 weeks
Due to Mitral Insufficiency	5 years
Due to Chronic Myocarditis	4 years
Diabetes Mellitus	8 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 61

Of autopsy

PHYSICIAN

Underline the cause of 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 Owen Krueger (M. D. ~~or other~~)

Address 304 E 12 Tr Date signed 7/7/47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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. Jess T. Davis

Licensed Embalmer No. 4453

P. O. Address. Kansas City

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.