

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 40072  
Registrar's No. 5323

Registration District No. 449

Primary Registration District No. 1002

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

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:  
General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether  
In this community about 26 years  
years, months or days)

3. (a) PRINT FULL NAME Dewey Conner

3. (b) If veteran, name war W.W. II 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single?

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

7. Birth date of deceased Unknown 1895  
(Month) (Day) (Year)

8. AGE: Years 53 Months ? Days ? If less than one day        hr.        min.

9. Birthplace Moundsville, W. Va.  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business       

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Discharge Papers

(b) Address       

17. (a) Burial (b) Date thereof 12-30-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pt. Leavenworth, Kan.

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address 2332 Monitor Place, K.C., Mo.

19. (a) 12-30-48 (b) Thalidine Holmes  
(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. 728 1/2 Main  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country       

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24  
year 1948 hour 2 minute 40 A. M.

21. I hereby certify that I attended the deceased from  
Dec. 21, 1948, to Dec. 24, 1948  
that I last saw him alive on Dec. 24, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis Duration       

Due to       

Due to       

Other conditions         
(Include pregnancy within 3 months of death)

Major findings:  
Of operations       

Of autopsy See above

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?  
      

Wm. W. Hart  
While at work? (Specify type of place) (e) Means of injury       

23. Signature Wm W Hart (M. D. or other)         
Address Med. Dir. Gen'l Hosp. Date signed 12-24-48

FEB 16 1949

---

---

**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 Blaine E. Weiler  
Licensed Embalmer No. 4075  
P. O. Address R. C. 8, 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.**