FILED JUL 30 1949

.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23346

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2862

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 32 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital No. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 4315 Roanoke Parkway

71 3

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): J.
c. (Last): Conaghan

4. DATE OF DEATH (Month) 7 (Day) 1 (Year) 1949

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: ~~3-8-89~~ 3-3-83
9. AGE (In years last birthday): ~~60~~ 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: St. Mary's Cemetery
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY?: —

13a. FATHER'S NAME: James Conaghan
13b. MOTHER'S MAIDEN NAME: Ann McGinley
14. NAME OF HUSBAND OR WIFE: Mary McNally Conaghan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Mary Conaghan, 4315 Roanoke Pkway

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). This does not mean the mode of living, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

Cause by any means [illegible]

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Acute pyelonephritis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.
for benign prostatic hypertrophy
Recent suprapubic prostatectomy

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 610X
20. AUTOPSY? YES [XX] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 15, 1949, *to* July 1, 1949, *that I last saw the deceased alive on* July 1, 1949, *and that death occurred at* 7:10A m., *from the causes and on the date stated above.*

23a. SIGNATURE Wm. W. Hart (Degree or title): Wm. W. Hart MSC
23b. ADDRESS: Med. Dir. Gen'l Hosp.
23c. DATE SIGNED: 7-1-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-5-49
24c. NAME OF CEMETERY OR CREMATORY: St. Mary's
24d. LOCATION (City, town, or county) (State): Kansas City, Missouri

DATE REC'D BY LOCAL REG.: 7-4-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Mellody-McGilley-Eylar, Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.

State of Mo. } ss.
County of Jackson }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 23346
Local Registrar's No. 7862-49

On this 17th day of February, 1950, before me appears Mary Conaghan, who, upon her oath, states that the original record of ~~birth~~ death of James J. Conaghan, died July 1, 1949, in the State of Missouri, and which was filed at Kansas City on July 4, 1949, should be corrected as follows:

Item No. ..... should read .....

Instead of .....

Item No. 8 should read March 3. 1883

Instead of March 8. 1889

Item No. 9 should read 66

Instead of 60

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mary Conaghan (info. & info.)
Relationship.

4315 Roanoke Pkwy. K. C. Mo.
Present Address.

Subscribed and sworn to before me this 17th day of Feb, 1950

My Commission expires Oct. 21. 1951 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

m V. S. 135
DM—4-43
I X36667