

FILED OCT 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33789  
Registrar's No. 4402

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1005	Registrar's No. 4402	
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3110 Paseo		d. STREET ADDRESS (If rural, give location) 3110 Paseo			
3. NAME OF DECEASED (Type or Print) a. (First) Martin		b. (Middle) CONWAY		c. (Last) CONWAY	
4. DATE OF DEATH Oct. 14, 1949		5. SEX male			
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 11-28-66	
9. AGE (In years last birthday) 83		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Engineer		10b. KIND OF BUSINESS OR INDUSTRY Rook Island RR	
11. BIRTHPLACE (State or foreign country) Davenport, Iowa		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME John Conway		13b. MOTHER'S MAIDEN NAME Mary Marrison		14. NAME OF HUSBAND OR WIFE Margaret Ann Conway	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Margaret A. Conway, 3110 Paseo, KC, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Absorption of coronary artery ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis DUE TO (c) Sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cystitis			INTERVAL BETWEEN ONSET AND DEATH 13 yrs
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1940, to Oct 14, 1949, that I last saw the deceased alive on Oct 13, 1949, and that death occurred at 12 m., from the causes and on the date stated above.					
23a. SIGNATURE G. G. Sheldon (Degree or title) M.D.		23b. ADDRESS 922 Walnut		23c. DATE SIGNED 10-15-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-17-49		24c. NAME OF CEMETERY OR CREMATORY Calvary	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Melody-McGilley-Eylar, Kansas City, Mo.			
DATE REC'D BY LOCAL REG. 10-15-49		REGISTRAR'S SIGNATURE Geraldine Holmes			

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

*Er. Stuckler  
Vineyard (Brite) Memphis,*

**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 *Glenn E. Heck*

Licensed Embalmer No. *4063*

P. O. Address *Kansas City, 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.