

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

12898

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1455

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BUCHANAN</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>2 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. JOSEPH</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LITTLE SISTERS 2nd Floor</u>			d. STREET ADDRESS (If rural, give location) <u>816 No 13th St</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>AUSTIN</u> c. (Last) <u>CONROY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 29, 1950</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>May 14, 1880</u>		9. AGE (In years last birthday) <u>69</u> If under 1 year: Months _____ Days _____ If under 1 week: Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAINTER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTH PLACE (State or foreign country) <u>ST-JOSEPH, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Peter CORNELIUS CONROY</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISE FOLEY</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>500-07-4656</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Wm. Honey, St. Joseph, Mo.</u> ADDRESS _____	
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) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Sanelety</u>			INTERVAL BETWEEN ONSET AND DEATH <u>20 yrs</u> <u>26 yrs</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>402</u>			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 <u>Mar 24</u> , 19 <u>50</u> , to <u>Mar 29</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Mar 28</u> , 19 <u>50</u> , and that death occurred at <u>10 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Joseph A. Fogarty</u> (Degree or title)			23b. ADDRESS <u>402 Northman Bg K. C. 316</u>		23c. DATE SIGNED <u>3/29/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Interred</u>		24b. DATE <u>3-29-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEW HURLINGEN</u>		24d. LOCATION (City, town, or county) (State) <u>new Hurlingen, mo</u>
DATE REC'D BY LOCAL REG. <u>3-29-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Benny Tunnel Bone</u> ADDRESS <u>St. Joseph</u>	

(Licensed Embalmer's Statement on Reverse Side)

*Dr. J. Fogarty
Northman Bldg. 31st & Brook*

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.

Signed.....
Student Embalmer

Signed *Victor J. Barry*
Licensed Embalmer No. *4212*

P. O. Address *St Joseph 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.