

FILED SEP 23 1950

STANDARD CERTIFICATE OF DEATH

State File No. 30344

3778

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3778	
1. PLACE OF DEATH a. COUNTY JACONSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACONSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 6 MONTHS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		248	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2415 DAKLEY AVENUE				d. STREET ADDRESS (If rural, give location) 2415 DAKLEY AVENUE			
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD		b. (Middle) BELL		c. (Last) CONWELL, JR.		4. DATE OF DEATH (Month) (Day) (Year) SEPT-3-1950	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH MARCH-9-1869	
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY SALESMAN		11. BIRTHPLACE (State or foreign country) TOPEKA KANSAS	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JAMES S. CONWELL		13b. MOTHER'S MAIDEN NAME MARGARET REBECCA PORTER		14. NAME OF HUSBAND OR WIFE MRS. ZELLA MAY McCADE CONWELL	
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 EDWARD BELL CONWELL, JR. ADDRESS 2415 DAKLEY AVE KANSAS CITY, 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (b) MEDICAL CERTIFICATION (a) Acute Cardiac Decompensation & Failure (c) Pulmonary Congestion II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 3 mths 434	
19a. DATE OF OPERATION		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) (Min)		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 20 May, 1950, to 3 Sept., 1950, that I last saw the deceased alive on 3 Sept., 1950, and that death occurred at 12:05 P.M., from the causes and on the date stated above.							
23a. SIGNATURE J. M. Haight (Degree or title)				23b. ADDRESS 3401 E. 15th K.C. Mo		23c. DATE SIGNED 9-5-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT. 6, 1950		24c. NAME OF CEMETERY OR GREMATORY MT. WASHINGTON CEM.		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 9-6-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newsome's Sons ADDRESS 1331 BRUSH CREEK KANSAS CITY, MISSOURI			

(Licensed Embalmer's Statement on Reverse Side)

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

1:30.6

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Just T. News

Signed.....
Student Embalmer

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.