

JAN 8 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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: Kansas City Gen Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 hours  
(Specify whether years, months or days) 35 years  
In this community 35 years

3. (a) PRINT FULL NAME

Magnolia Condit

3. (b) If veteran,

name war NO

3. (c) Social Security

No. NO

4. Sex F

5. Color W  
race

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife

Courland Condit

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased

May

1872

(Year)

8. AGE:

Years

Months

Days

If less than one day

68

6

hr.

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

12. Name

William Suptell

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

Emma Adair

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

Mrs. Snider

(b) Address

3140 - Main St.

17. (a)

Burial

(b) Date thereof

12-2-40

(c) Place: burial or cremation

Leto. Tan

18. (a) Signature of funeral director

Byman

(b) Address

4306 Nicol Creek

19. (a)

12/1/40

(b)

M. M. Crowe

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limit, write "RURAL")  
(d) Street No. 3140 Main  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 29  
year 1940 hour 11:30 A.M. M.

21. I hereby certify that I attended the deceased from 11  
29, 1940 to 11-29, 1940

that I last saw her alive on 11-29-40, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart up -  
arteriosclerotic degeneration  
with in coronary blood flow they  
signification of heart, further down

Due to \_\_\_\_\_

Due to 12-2-40

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?

3. While at work? (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature Dwight R. Thorne (M. D. or other)  
Address Kansas City Gen Hosp Date 12-2-40

**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 J. C. Bergman

Licensed Embalmer No. 2041

P. O. Address 760 5th

**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, above space should be left blank.**