

FILED SEP 16 1942  
Registration District No. 749

Primary Registration District No. 1002

1. PLACE OF DEATH

(a) County Jackson  
(b) City or town James City  
(c) Name of hospital or institution 4618 Warick  
(d) Length of stay: In hospital or institution 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town James City  
(d) Street No. 4618 Warick  
(e) Citizen of foreign country? 0

3. (a) PRINT FULL NAME

Mrs Mary E. Condit

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race W.  
6. (a) Name of husband or wife John W. Condit  
6. (c) Age of husband or wife if alive 30-18-42

8. AGE: Years 82 Months 10 Days 10

9. Birthplace Alton Ill.

10. Usual occupation At Home

11. Industry or business At Home

MOTHER FATHER  
12. Name John Sexton  
13. Birthplace Not known  
14. Maiden name Not known  
15. Birthplace Not known

16. (a) Informant B. B. Bellamy

(b) Address 4618 Warick

17. (a) Removal (b) Date thereof 9-10-42

(c) Place: burial or cremation Johnson's

18. (a) Signature of funeral director Johnson  
(b) Address James City  
19. (a) 9-10-42 (b) M. M. Johnson

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10 year 1942 hour 8 AM minute  M.

21. I hereby certify that I attended the deceased from Aug 17 1942 to Sept 10 1942  
that I last saw her alive on Sept 9 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Due to arterio sclerosis

Duration Aug 15-42  
5 to 10 yrs  
Aug 15-42  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Other conditions Acute arthritis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations   
Of autopsy

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence   
(c) Where did injury occur?   
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?  (Specify type of place)  
(c) Means of injury

23. Signature E. W. Shurber (M. D. or other)  
Address 900 Rialto Bldg. KCMo. Date signed 9-10-42

WRITE PLAINLY—USE 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

Registered Apprentice No. 3735

working under my personal supervision.

Signed

Licensed Embalmer No. 3135

P.O. Address Kearney City, Kansas

**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.**