

MISSOURI AUG 14 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25646
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE Registration District No. 315
(b) Township _____ Primary Registration District No. 2001
(c) City SPRINGFIELD (d) Street No. 735 S. Kickapoo St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Michael O'Connell
(a) Residence, No. 735 S. Kickapoo St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Viola O'Connell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29, 1865
7. AGE YEARS 74 MONTHS 2 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Building Contractor
10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) St. Joseph 0
(STATE OR COUNTRY) Missouri
13. NAME Timothy O'Connell 5
14. BIRTHPLACE (CITY OR TOWN) Ireland 1
(STATE OR COUNTRY)
15. MAIDEN NAME Margaret Gargis
16. BIRTHPLACE (CITY OR TOWN) Alabama
(STATE OR COUNTRY)
17. INFORMANT Mrs. Viola O'Connell
(ADDRESS) Springfield, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE July 26 1939
19. FUNERAL DIRECTOR (NAME) H. H. Lohmeyer
(ADDRESS) Springfield, Mo.
20. FILED July 26 1939 Chas A. George 290 (Address) _____
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 19 39
22. I HEREBY CERTIFY, That I attended deceased from _____ 19 _____ to _____ 19 _____
I last saw him dead on July 24 19 39 Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:
Central Hemorrhage
Arterial Sclerosis
Date of onset _____
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 19, 1939
Where did injury occur? Benton Ave Springfield, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Nature of injury Struck by Automobile
fracture of skull
laceration of head
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. J. Ferguson M. D.
604 E. Elm

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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..... *Walter E. Kandler*

Licensed Embalmer No. *3808*

P. O. Address *Springfield 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, above space should be left blank.

X