

1951 WEST VIRGINIA DEPARTMENT OF HEALTH - MAKE A PERMANENT RECORD

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.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 244

1. PLACE OF DEATH: Jackson

(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:  
K. C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. & 11 days  
(Specify whether)

In this community Unknown  
years, months or days

3. (a) PRINT FULL NAME GEORGE MC CONNELL 9541

3. (b) If veteran, name war Unknown

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased July 12 1884  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>6</u>	<u>4</u>	hr. _____ min.

9. Birthplace Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business X

MOTHER FATHER

12. Name Unknown 9

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 9

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Miss E. S. Shaffter

(b) Address 3630 Charlotte, K. C., Mo.

17. (a) Cremation (b) Date thereof 1-18-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edwood Cemetery  
Stine or McClure

18. (a) Signature of funeral director Stine or McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Jan. 18, 1940 (b) M. M. Browne  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

0

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 4132 Campbell  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16th  
year 1940 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from 12-5-39, 19\_\_\_\_, to 1-16-40, 19\_\_\_\_;  
that I last saw him alive on 1-16-40, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Acute pulmonary congestion  
Atherosclerosis of the heart  
Chronic vascular nephritis | 31

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Same

See above

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature O. F. De Marco M.D. (M. D. or other)

Address Supt. K. C. Gen. Hospital Date signed \_\_\_\_\_

**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.....

Reverey Tamm Jr., Registered Apprentice No. 222  
working under my personal supervision.

Signed

J. B. Waters  
Licensed Embalmer No. 3992

P. O. Address

R C 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.**