

No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34479**
3995
Registrar's No.

NOV 1 1940
Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City Mo.**
(c) Name of hospital or institution:
5157 Brookwood Road.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **50 Yrs.**
In this community **50 Yrs.**
years, months or days

3. (a) PRINT FULL NAME **Michael J. O'CONNOR.**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **No**

4. Sex **Male**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Delia M. O'Connor**
6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **November 17th, 1872**
(Month) (Day) (Year)

8. AGE: Years **67** Months **10** Days **29**
If less than one day
hr. min.

9. Birthplace **Brockton New York.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Building Supt. Fire Dept.**
11. Industry or business **Retired 2 Yrs.**

MOTHER, FATHER {
12. Name **Michael J. O'Connor**
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary McMahan**
(City, town, or county) (State or foreign country)
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Delia M. O'Connor**
(b) Address **5157 Brookwood Road.**

17. (a) **Burial** (b) Date thereof **10/18/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Marys.**
18. (a) Signature of funeral director **Melody-McGilley.**
(b) Address **K. C. Mo.**

19. (a) **10-17-40** (b) **m. m. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **5157 Brookwood Road.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **16th**
year **1940** hour _____ minute **7:14** M.
21. I hereby certify that I attended the deceased from **Oct 9th**
_____, 19**40**, to **Oct 16**, 19**40**;
that I last saw him alive on **Oct 15**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral embolism **2 days**
Due to **Heart failure** **930**
Due to **Senility**
Chronic myocarditis
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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?
361
While at work? _____ (Specify type of place)
(e) Means of injury **!**
23. Signature **W. W. Gurr** (M. D. or other) **J. M.**
Address **97.7 Argyle Rd.** Date signed **10/16/40**

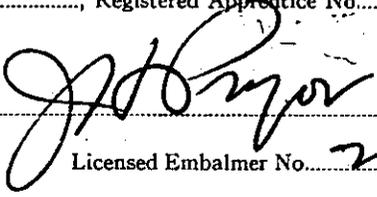
STATEMENT BY LICENSED EMBALMER

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. 267

working under my personal supervision.

Signed.....


..... Licensed Embalmer No. 2999

P. O. Address.....

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.