

Registration District No. 400

Primary Registration District No. 055312

Registrar's No. 52

18000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Parsons Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jackson County Home for the aged/parson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 years 2
(Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 2441 Claremont St 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME John W. McConnell

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 14 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 4 16 _____ hr. _____ min.

9. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business _____

12. Name no record

13. Birthplace no record 9
(City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record 9
(City, town, or county) (State or foreign country)

16. (a) Informant W. J. Mc Carthy

(b) Address Little Blue, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/41
(Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove Cem.

18. (a) Signature of funeral director George E. Carson

(b) Address Independence, Mo.

19. (a) 3-6-41 (Date received local registrar) (b) John W. McConnell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1941 hour _____ minute 30 P M.

21. I hereby certify that I attended the deceased from June 1-40 _____ 19 _____
that I last saw him alive on March 5-41 _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular
General Duration 3 mos.

Due to _____
Due to carcinoma of 2 yrs.
Malan Area.

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____

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?
933 _____
While at work? _____ (Specify type of place) (e) Manner of injury _____

23. Signature W. J. Mc Carthy (M.D. or other) D
Address Little Blue, Mo Signed 5-41

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..... *Ralph E. Miller*

Licensed Embalmer No. *4124*

P. O. Address *Indep. 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.