No. 2
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17-39
X23159

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

FILED APR 21 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10873

Registration District No. 398 Primary Registration District No. 3019 Registrar's No. 64

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence Sanitaram 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hrs (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Grain Valley 0 (If outside city or town limits, write "RURAL") 0

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

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME John t O'connell

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex m 0

5. Color or race W

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

6. (b) Name of husband or wife Creola

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June 17 1875 (Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 15 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Retired Barber

11. Industry or business

FATHER
12. Name James O'connell
13. Birthplace New York City N.Y. 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Richardson
15. Birthplace Fenton Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant W D Warren

(b) Address Grain Valley Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 5th 41 (Month) (Day) (Year)

(c) Place: burial or cremation Lobb Cemetery

18. (a) Signature of funeral director R B Webb

(b) Address Blue Springs mo

19. (a) March 5 '41 (Date received local registrar) (b) F. L. Cook M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1941 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 2, 1941, to March 2, 1941; that I last saw him alive on March 2, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral insufficiency with decompensation	1 month
Due to Mitral Valvular heart disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no operations
Of autopsy no autopsy

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? 360 (Specify type of place)

While at work? (e) Means of injury

23. Signature C H Allen (M. D. or other) M D

Address Independence, Mo Date signed 3-4-41

(Licensed Embalmer's Statement on Reverse Side)

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 R Blerbb

Licensed Embalmer No. 2352

P. O. Address Blue Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.