

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1522

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas CITY
 (c) Name of hospital or institution: St. Mary's
 (If outside city or town limits, write "RURAL" and name of township)
 (d) Length of stay: In hospital or institution 4 days
 (Specify whether
 In this community Lifetime
 years, months or days)

3. (a) PRINT FULL NAME Patrick J. O'Connell3. (b) If veteran, name war No 3. (c) Social Security No. 510-05-75434. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Florence E. 6. (c) Age of husband or wife if alive 37 years7. Birth date of deceased Nov. 28, 1900
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
40 4 16 hr. min.9. Birthplace Kansas CITY, Kansas
(City, town, or county) (State or foreign country)10. Usual occupation Maintenance Bldg. Frye Aircraft Corp.

11. Industry or business

12. Name Patrick O'Connell18. Birthplace New York
(State or foreign country)14. Maiden name Julia A. Dunn
(City, town, or county) (State or foreign country)15. Birthplace Holy Cross, Kansas
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Florence E. O'Connell(b) Address 4111 Newell, K.C. Kansas17. (a) Burial (b) Date thereof 4-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Calvary18. (a) Signature of funeral director Harry Butler(b) Address 753 Central Ave., K.C.K.19. (a) Apr. 16, 1941 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4111 Newell
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th
1941 year. hour 11 minute 30 A. M.21. I hereby certify that I attended the deceased from Sept. 22, 1941 to Apr. 14, 1941
that I last saw him alive on Apr. 14, 1941
and that death occurred on the date and hour stated above.Immediate cause of death auto endocarditis with congestive heart failure, chronic sclerotic aortic and mitral endocarditis.Due to 92
Other conditions (Include pregnancy within 3 months of death) 92Major findings: Of operations 92Of autopsy Same as above

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 [Signature] (M. D. or other) MD
Address 3119 Shrop Ave. K.C.K. Date signed 4/15/41

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 _____

Licensed Embalmer No. *Mo 3426*

P. O. Address *753 Central Ave KCR*

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.