

Registration District No. **1002**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

Jackson
(a) County
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **7411 Penn**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **35 Yrs.** (Specify whether years, months or days)
In this community **35 Yrs.**

3. (a) PRINT FULL NAME **Thomas O'Connor**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**
6. (b) Name of husband or wife **Mary Galvin O'Connor** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **May 15, 1865**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76		20	hr. min.

9. Birthplace **Mount Pleasant Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Past Employee of Water Dept**

11. Industry or business

12. Name **Thos. O'Connor**
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. G. A. Oxler**
(b) Address **7411 Penn**
17. (a) **Burial** (b) Date thereof **June 7, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Mary's**

18. (a) Signature of funeral director **Thos. E. Quirk**
4316 Troost
(b) Address
19. (a) **June 6, 1941** (b) **M. M. Crown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **7411 Penn** (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **5** 19**41**
year **41** hour **1** minute **15** P.M.

21. I hereby certify that I attended the deceased from **January 19** to **June 5**, 19**41**,
that I last saw him alive on **June 2**, 19**41**,
and that death occurred on the date and hour stated above.
Immediate cause of death **Coronary Thrombosis and occlusion** Duration **3 days**

Due to **Arteriosclerosis, Hypertension, and Abdominal Intestinal Neoplasm** **years**
Due to **121**

Other conditions (Include pregnancy within 3 months of death) **121a**

Major findings: Of operations **none**
Of autopsy **none**

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) **none**
(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 **Leo Brennan** (M. D. or other) **MD**
Address **408 1/2 W 75th** Date signed **6/6/41**

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

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048
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JUL 3 1941

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 Thomas E. Jewell

Licensed Embalmer No. 3775

P. O. Address NC MD

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.