

**FILED AUG 10 1941**

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Jackson**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Robinson Clinic**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community **30 years** **0** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3311 Jefferson**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **13**  
year **1941** hour **8 30** minute **55** P. M.

21. I hereby certify that I attended the deceased from **July 7<sup>th</sup>**  
19**41** to **July 13<sup>th</sup>** 19**41**  
that I last saw him alive on **July 13<sup>th</sup>** 19**41**  
and that death occurred on the **13<sup>th</sup>** and hour stated above.

Immediate cause of death **Cerebral embolism**  
Due to **Old Coronary Occlusion**

Other conditions **94a**  
(Include pregnancy within 3 months of death)

Major findings: **94a**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) \_\_\_\_\_ (Specify means of injury)  
23. Signature **Prison Shellen** (M. D. or other) **MO**  
Address **2625 Cass** Date signed **7-14-41**

3. (a) PRINT FULL NAME **Arthur W. Connor**

3. (b) If veteran, name war **—** 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 **Ruby C. Connor** 6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **June 2, 1887**  
(Month) (Day) (Year)

8. AGE: Years **54** Months **1** Days **11** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Lenexa, Kansas** (City, town, or county) (State or foreign country)

10. Usual occupation **Chief Engineer**

11. Industry or business **Municipal Auditorium**

12. Name **John Connor**

13. Birthplace **Ireland** (City, town, or county) (State or foreign country)

14. Maiden name **Mary Christopher**

15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ruby Connor**  
(b) Address **3311 Jefferson**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **7/15/41** (Month) (Day) (Year)

(c) Place: burial or cremation **Shawnee, Kansas**

18. (a) Signature of funeral director **Quirk & Talia Col**  
(b) Address **Bankers City, Mo.**

19. (a) **7-14-41** (Date received local registrar) (b) **M. M. Crowe** (Registrar's signature)

**561** (Licensed Embalmer's Statement on Reverse Side)

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

2639

048  
2  
8

Duration  
**inter-lambos**  
**2 yrs.**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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**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.....

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.**