DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27595

Primary Registration District No. 1002

Registrar's No. 3253

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C.General Hospital No.1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 9 days (Specify whether years, months or days)
In this community: 32 Yrs.

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.: 3329 Park
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MINNIE CONNOLLY
3. (b) If veteran, name war: No.
3. (c) Social Security No.: No.
4. Sex: Fe.
5. Color or race: Wh.
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: James Connolly
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Jan. (Month) 8th. (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
68	7	20	hr. min.

9. Birthplace: Warrensburg (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Home
11. Industry or business:
FATHER 12. Name: John Miller
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Agnes Sharp
15. Birthplace: Ohio (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. C.A. Creagan
(b) Address: 2007 East 34th. K.C.Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-31-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Hill
18. (a) Signature of funeral director: Eylar Funeral Home
(b) Address: 1800 Linwood K.C.Mo.
19. (a) 8/30/41 (Date received by local registrar) (b) M. M. Owen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29th year 1941 hour 6 minutes 40 A. M.
21. I hereby certify that I attended the deceased from 8-20-41, 19__, to 8-29-41, 19__; that I last saw her alive on 8-29-41, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Terminal Bronchopneumonia	
Due to: Fracture of left femur, accidental fall in home	
Due to:	
Other conditions: Coronary atherosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: See above

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Henry R. Thorn (M. D. or other)
Address: Med. Dir. K.C.Gen.Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

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 Chas Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

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

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