

S. No. 2
M-1-4-41
v. 5-17-39
X26390

FILED SEP 1 1941
DEPT. OF HEALTH
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28548**
Registrar's No. **76**

Registration District No. **404** Primary Registration District No. **5558**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **2123 East 82nd Terrace**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: **39 years** (Specify whether years, months or days)
In this community **39 years** (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. **2123 East 82nd Terrace**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Abraham Lincoln McConnell**
3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug.** day **29th** year **1941** hour **7:30 AM** minute _____ M.
21. I hereby certify that I attended the deceased from **Aug. 29** 1941, to **Aug. 29** 1941, that I last saw **heart** alive on **Aug. 28** 1941, and that death occurred on the date and hour stated above:
Immediate cause of death **Acute Cardiac Failure**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Margaret McConnell** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Sept. 26, 1860**
(Month) (Day) (Year)

Due to **Acute Cardiac Failure** **8 days**
Due to **Chronic Myocarditis arteriosclerosis**
Other conditions **Obesity**
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years **80** Months **11** Days **3** If less than one day _____ hr. _____ min.

9. Birthplace **Pennsylvania** (City, town, or county) (State or foreign country)
10. Usual occupation **Laborer**

11. Industry or business _____
12. Name **Not Known**
13. Birthplace **Not Known** (City, town, or county) (State or foreign country)
14. Maiden name **Not Known**
15. Birthplace **Not Known** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Fred Myler**
(b) Address **86th & Fremont**
17. (a) **Burial** (b) Date thereof **8/30/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **R. V. Lindsey & Sons**
(b) Address **3811 Broadway**
19. (a) **9-6-41** (b) **R. V. Lindsey & Sons**
(Date received local registrar) (Registrar's signature)

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 **Donald P. Woodland** (M. D. or other) **DP**
Address **8211 Woodland** Date signed **8/29/41**

366 (Licensed Embalmer's Statement on Reverse Side)

OCT 13 1941

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M. R. Collins,
8210 Woodland

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 Leon H. Stewart
Licensed Embalmer No. 4177
P. O. Address Kansas City, Mo

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.