

7. S. No. 2
M-9.4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 9 1942
299

Registration District No.

Primary Registration District No. 1002

Registrar's No. 443

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

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:
Milner Hotel; 9th & Central Sts.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community **Unknown** (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. **Milner Hotel; 9th & Central Sts**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **HERBERT JAMES O'CONNELL**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **505-241978**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Martha O'Connell**

6. (c) Age of husband or wife if alive **54** years

7. Birth date of deceased **July 3 1877**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	6	27	hr. min.

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

10. Usual occupation **Produce Buyer**

11. Industry or business

12. Name **John O'Connell**

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

14. Maiden name **Minnie Fricke Conn.**

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

16. (a) Informant **H. J. O'Connell Jr.**

(b) Address **Des Moines, Iowa**

17. (a) **Removal** (b) Date thereof **2-1-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rochester, Minn.**

18. (a) Signature of funeral director **Weilert Funeral Home**

(b) Address **2332 Monitor Place; K. C. Mo.**

19. (a) **2/1/42** (b) **H. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1-30-42** day **30** year **1942** hour **2:50 P.** minute **50** M.

21. I hereby certify that I attended the deceased from **2:50 P.** to **1:30 A.** 19**42**

that my last examination occurred on the date and hour stated above.

Immediate cause of death **Acute coronary occlusion**

Due to **94a**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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? **Yes** (Specify kind of place) (Means of transport)

23. Signature **H. M. Crowe** (M. D. or other)

Address **K.C. Mo.** Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

me

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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.....

Blaine E. Wulferf

Licensed Embalmer No.....

4075

P. O. Address.....

2332 Mount Pleasant

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.