

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

13481

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 14 1942
399

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 1924

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:
4033 Central
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 25 years

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. 4635 Madison
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES B. 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 Widowed
6. (b) Name of husband or wife Marie O'Connor 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Don't know
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 74 hr. min.

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

10. Usual occupation Retired Lawyer

11. Industry or business Charles O'Connor

MOTHER FATHER { 12. Name Charles O'Connor
13. Birthplace (City, town, or county) Ireland
(State or foreign country)

{ 14. Maiden name Ellen Stack
15. Birthplace (City, town, or county) Ireland
(State or foreign country)

16. (a) Informant Miss Elizabeth O'Connor
(b) Address 4635 Madison

17. (a) Burial (b) Date thereof 5-9-42
(Burial, entombment, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. St. Mary's Cemetery

18. (a) Signature of funeral director J. F. O'DONNELL CO
(b) Address 3256 Broadway

19. (a) 5-8-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1942 hour 6 minute p M.

21. I hereby certify that I attended the deceased from 12-21-1939 to 1939
and that death occurred on the date and hour stated above. May 7, 1942

Immediate cause of death myocardial Coronary Occlusion
Due to Myocardial Infarction Duration 5-7-42
Due to 94 hr 3 years

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy _____
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? _____

While at work? (Specify type of place) (e) Means of injury _____
23. Signature Charles P. Baker (M. D. or other) _____
Address 1103 Grand Date signed 5-8-42

361 (Licensed Embalmer's Statement on Reverse Side)

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

Handwritten notes and scribbles at the top left of the page.

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 Park G. Rowe
Licensed Embalmer No. 2347
P. O. Address K. C. 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.