6107

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FEB MAR 11 1943

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 13

1. PLACE OF DEATH:
(a) County Clay
(b) City or town North Kansas City Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Kansas City Municipal Air Port 3 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution [illegible] (Specify whether
In this community years, months or days) CHILDRES

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. 2310 Vine (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME LEOLA CONNOR Children

3. (b) If veteran, name war

3. (c) Social Security No. 495-03-2891

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced 7

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 15 (Day) 1893 (Year)

8. AGE: Years 49 Months 9 Days 12 If less than one day hr. min.

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

10. Usual occupation Asistant Cook

11. Missouri Aviation Institute Mess Hall

FATHER
12. Name December Carter
13. Birthplace Leonville Louisiana (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Connor
15. Birthplace Leonville Louisiana (City, town, or county) (State or foreign country)

16. (a) Informant Florence Supert
(b) Address 2310 1/2 Vine St K.C. Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/5/43 (Month) (Day) (Year)
(c) Place: burial or cremation Okmulgee Oklahoma

18. (a) Signature of funeral director John S. Morton Funeral Home
(b) Address North Kansas City Mo.

19. (a) Feb 28-1943 (Date received local registrar) (b) Ruth N. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27th year 1943 hour 11:45 minute a.m.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Air Plane Crash

Due to

Due to Coroner

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Coroner

Duration 8 173 34

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

22. If death was due to external causes, fill in the following: 1 2 3
(a) Accident, suicide, or homicide (specify) Accident Air Plane Crash
(b) Date of occurrence 2-27-1943 11:45 a.m.
(c) Where did injury occur? Mess Hall of M.A.P. N.K.C. Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial Place (Specify type of place)
While at work? yes (e) Means of injury Air Plane Crash

23. Signature R. W. Brother Coroner (M. D. or other) 3
Address Excelsior Springs Mo. Date signed 2-28-43

1321

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAR 30 1943
District Health Officer No. 8,
District File Number
Date Filed 3-10-43

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 Oleon E. Hodges

Licensed Embalmer No. North K.C. M

P. O. Address 2729

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.