

FILED JUL 24 1943
Registration District No. 146

Primary Registration District No. 5568 2026

Registrar's No. 161

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
9752 Winner Road.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community 63 Yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence Missouri
(If outside city or town limits, write "RURAL.")

(d) Street No. 9752 Winner Road.
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary E. McCONNELL.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife William H. McConnell 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased April 15th, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75 1 27 hr. min.

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name Nicholas McConnell

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary McAnany

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant William H. McConnell

(b) Address 9752 Winner Road.

17. (a) Burial (b) Date thereof 6/15/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington.

18. (a) Signature of funeral director Melody-McGilley

(b) Address K. C. Mo.

19. (a) 6-14-1943 (b) J. J. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12th.
year 1943 hour 7 minute 30 P.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 Cerebral hemorrhage sudden Duration _____

Due to Hypertension, arterial atherosclerosis

Due to _____

Other conditions 83a!
(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) Location of injury _____

23. Signature Fred W. ... (M. D. or other) _____

Address Greenwood, Mo. Date signed 6/14/43

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

21
Judges & Cash -
Byrum Bldg
Examination
9:30 to 6 pm

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.....
Licensed Embalmer No.....
P. O. Address.....

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.