

FILED NOV 19 1943

4542

Registration District No. 49

Primary Registration District No. 100.2

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 **5220 Wardparkway**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **40 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. **4133 Mercier**
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country

3. (a) PRINT FULL NAME **JOHN J O'CONNOR**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **none**

20. DATE OF DEATH: Month **24th** Day **Oct** Year **1943** Hour **about 3:00** Minute **A**

21. I hereby certify that I attended the deceased from **1902 to 1943** and that I last saw him alive on _____ 19____ and that death occurred on the date and hour stated above.

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced, widower **Divorced Widower**

6. (b) Name of husband or wife **Katie O'Connor**

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

7. Birth date of deceased **March 2, 1886**
(Month) (Day) (Year)

ImmEDIATE CAUSE OF DEATH: **Right hemiparesis resulting from cerebral infarction of chest**

Due to **Anteriorly thrombosed**

Due to _____

8. AGE: Years **57** Months **7** Days **22** If less than one day _____ hr. _____ min.

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

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

Major findings: Of operation _____

Of autopsy **See above**

10. Usual occupation **Brokerage--Grocery**

11. Industry or business _____

12. Name **George O'Connor**

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

14. Maiden name **Bridget Roche**

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident 123**

(b) Date of occurrence **10/24/43**

(c) Where did injury occur **2201 West 11th St** (City or town) (State)

(d) Did injury occur in or about home or in industrial place, in public place? **Home**

16. (a) Informant **John J O'Connor**

(b) Address **509 East 61st Terrace**

17. (a) Burial (b) Date thereof **10/27/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Marys Cemetery**

18. (a) Signature of funeral director **Quirk and Dolan Co.**

(b) Address **20 West Linwood**

19. (a) **10-26-43** (b) **J. E. Barron**
(Date received local registrar) (Registrar's signature)

While at work? **no** (Specify type of place) (a) Means of injury **Car struck**

23. Signature **JOSEPH 37** (M) **10/24/43**
Address _____ (Date signed)

Hair--Grey

Eyel--Blue

Weight--22

Height--6'1"

DEC 3 10 49

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.