V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 22 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30258

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3600

48
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8

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: St. Joseph Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson, 48
(c) City or town Kansas City 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural #2, 5006 Glenside Drive, 0
(If rural, give location)
(e) Citizen of foreign country? x (Yes or No)
If yes, name country x /

3. (a) PRINT FULL NAME Oscar ~~O'Conner~~ O'Connor
3. (b) If veteran, name war no.
3. (c) Social Security No. 486-03-9932
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lela C. O'Conner
6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased 1 (Month) - 24 (Day) 1885 (Year)

8. AGE: Years 59 Months 7 Days 7 If less than one day hr. min.

9. Birthplace (City, town, or county) Kans (State or foreign country)
10. Usual occupation Foreman
11. Industry or business Southwestern Bell Telephone Co.,
FATHER
12. Name Geo. O'Connor
13. Birthplace (City, town, or county) Kans (State or foreign country)
MOTHER
14. Maiden name Cordelia Haller
15. Birthplace (City, town, or county) Kans (State or foreign country)
16. (a) Informant Mrs. Lela C. ~~O'Conner~~ O'Connor
(b) Address R 2, Glenside Drive
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-5-44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery
18. (a) Signature of funeral director Stine & McClure Und. Co.
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 9-5-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1st year 1944 hour 320 minute P. M.
21. I hereby certify that I attended the deceased from Aug 30, 1944 to Sept 1, 1944 that I last saw him alive on Sept 1, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia lobar	24 hrs
Due to Cerebral Hemorrhage	3 da
Due to Hypertension	10 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations 108
Of autopsy Same as above

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature [illegible] (M. D. or other)
Address Raytown Mo Date signed 9-4-44

36

(Licensed Embalmer's Statement on Reverse Side)

D. F. L. Lafoon
2-4
Ray Town
Fl 1192
Hu 342.4
Fl. 1234

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 Don Short

Licensed Embalmer No. 3757

P. O. Address Kansas City 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.