V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33071

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4445

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:
1923 Linwood
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 51 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 4
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2621 East 31st
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thomas John Connors
3. (b) If veteran, name war World War 1
3. (c) Social Security No. 500-22-1039
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Claudine Connors
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased March 9 1893 (Month) (Day) (Year)

8. AGE: Years 51 Months 7 Days 24 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Fireman
11. Industry or business North American Aviation Co.

FATHER
12. Name Roger Connors
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Mary Burns
15. Birthplace Orrick (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs Claudine Connors
(b) Address 2621 East 31st St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/6/44 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery
18. (a) Signature of funeral director Murk and Tobin
(b) Address 20 West Linwood
19. (a) 11-4-44 (Date received local registrar) (b) T. E. Brown (VZ) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3rd day Nov
year 1944 hour 11:40 minute A M.
21. I hereby certify that I attended the deceased from
19 to 19
that I last saw h alive on Deputy Coroner 19
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis
Due to with myocardial
Due to fibrosis
Other conditions (Include pregnancy within 3 months of death) 93 d

Duration

Major findings:
Of operations
Of autopsy See 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
23. Signature A. E. Apsher (M. D. or other) Mo
Address 23 McCoy Date signed 11/3/44

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(Licensed Embalmer's Statement on Reverse Side)

FEB 10 1945

FEB 8 1945

NOV 24 1944

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 Charles M. Zurk

Licensed Embalmer No. 3774

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.