

FILED FEB 14 1945

Registration District No. 197

Primary Registration District No. 1002

Registrar's No. 551

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St Joseph Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Weeks
 (Specify whether
 In this community 10 Years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City Missouri 3
 (If outside city or town limits, write "RURAL") 5
 (d) Street No. 3930 Troost Ave
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 11

3. (a) PRINT FULL NAME Miss Margaret C. O'CONNOR

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 Single
 6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years
 7. Birth date of deceased December 10th 1866
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>1</u>	<u>21</u>	hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business -----

12. Name Edward O'Conner

13. Birthplace New York
 (City, town, or county) (State or foreign country)

14. Maiden name Rosanna Dignan

15. Birthplace New York
 (City, town, or county) (State or foreign country)

16. (a) Informant Mary Clarkson

(b) Address 6728 Cherry Street

17. (a) Burial (b) Date thereof 2-3-45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nevada Missouri

18. (a) Signature of funeral director Melody-Mo illey

(b) Address Kansas City Missouri

19. (a) 2-3-45 (b) T. E. Brown
 (Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Feb 1st day 1st
 year 1945 hour 10:05 minute A. M.

21. I hereby certify that I attended the deceased from JAN.
14, 1945, to 2-1, 1945.

that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Bronchial pneumonia 3 day

Due to Amyocarditis 1 year

Due to Coronary atherosclerosis with infarction 6 mo

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

Major findings: Of operations as above 49 a

Of autopsy 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? _____

While at work? _____ (Specify type of place) Means of injury 11

23. Signature John J. Steiner (M. D. or other) MD
 Address 1103 Grand Ave Date signed 2-3-45

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

MOTHER FATHER

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.