

**FILED MAY 26 1945**  
Registration District No. **149**

Primary Registration District No. **1002**

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 Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days  
(Specify whether years, months or days)

In this community 66 yrs.

3. (a) PRINT FULL NAME William Mc Connell

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Mary E. Mc Connell

6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased February 18, 1863  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>2</u>	<u>24</u>	<u>hr. min.</u>

9. Birthplace Jackson County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Book Binder

11. Industry or business J. D. Haven Co.

MOTHER FATHER { 12. Name Hugh Mc Connell

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

14. Maiden name Isabella Armstrong

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

16. (a) Informant Mrs. William Mc Millen

(b) Address 9756 Winner Rd.

17. (a) burial (b) Date thereof 5-15-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Melody-Mc Gilley-Eyler

(b) Address 1800 Linwood

19. (a) 5-12-45 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 9756 Winner Road  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12  
year 1945 hour \_\_\_\_\_ minute 2:15

21. I hereby certify that I attended the deceased from Several  
days, 1945, to 5/12, 1945  
that I last saw him alive on 5/12, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion

Due to: arteriosclerosis

Due to: hypertension

Other conditions: 94%  
(Include pregnancy within 3 months of death)

Major findings: Coronary Occlusion

Of operations: \_\_\_\_\_

Of autopsy: yes

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? \_\_\_\_\_ Means of injury: \_\_\_\_\_

23. Signature Daphne H. ... (M. D. or other) \_\_\_\_\_

Address 14012 ... Date signed 5/15/45

Duration 3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

---

---

**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.**

WRITE PLAINLY—USE

11. Industry or business J. D. Haven Co.

FATHER { 12. Name Hugh McConnell

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

14. Maiden name Isabella Armstrong  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. William McMullen

(b) Address 9756 Winner Rd.

17. (a) Burial (b) Date thereof 5/15/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

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

(b) Address 1800 Linwood Blvd.

19. (a) 5-12-45 (b) Sheldine Holmes  
(Date received local registrar) (Registrar's signature)

(Include pregnancy within 3 months of death)

Major findings:  
 Of operations see for Autopsy

Of autopsy occlusion of coronary artery

PHYSICIAN  
[Signature]  
 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) (e) - Means of injury

While at work?.....

23. Signature Paul Goeman (M: D. or other).....  
 Address President Pathology Date signed May 12/45

(Licensed Embalmer's Statement on Reverse Side) St. Joseph Hospital N.C., no

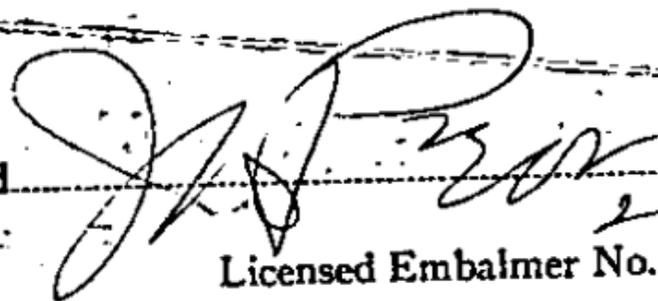
**STATEMENT BY LICENSED EMBALMER**

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. 2337

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.