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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 4 1945

Registration District No. 799

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15999

Primary Registration District No. 1602

Registrar's No. 2195

8358

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: 811 Fuller
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether
In this community: 26 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 811 Fuller 8
(If rural, give location)
(e) Citizen of foreign country? No 1 (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: James O'Connell
3. (b) If veteran, name war: No
3. (c) Social Security No.: No

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed 2
6. (b) Name of husband or wife: Bessie O'Connell
6. (c) Age of husband or wife if alive: Dec. years
7. Birth date of deceased: 11 (Month) 17 (Day) 1878 (Year)

8. AGE: Years 66 | Months 6 | Days 2 | If less than one day hr. min.

9. Birthplace: Lawrence (City, town, or county) Kans. 1 (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: "

FATHER
12. Name: Timothy O'Connell
13. Birthplace: Ireland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name: Unk. Garglis
15. Birthplace: Tuscumbia, Ala. (City, town, or county) 1 (State or foreign country)

16. (a) Informant: James O'Connell
(b) Address: 3908 Morrell, K. C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/21/45 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Mary's Cemetery
18. (a) Signature of funeral director: John P. Sheil
(b) Address: Kansas City, Mo.
19. (a) 5-21-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 45 hour 4:40 minute A M.

21. I hereby certify that I attended the deceased from May 15, 1945 to May 18, 1945 that I last saw him alive on May 18, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Interstitial Nephritis. — Duration
Due to:
Due to:
Other conditions: Hypertension
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: Not

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) (e) Means of injury:

23. Signature: J. C. Brown (M. D. or other)
Address: 4624 Gillham Rd. Date signed: 5-21-45
K. C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Brown - on 15th St.,

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 John R. Steil

Licensed Embalmer No. 3625

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.