S. No. 2
M—5-43
. 5-17-39
> 1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 29 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28209

State File No.

Registration District No. 280 Primary Registration District No. 5963 Registrar's No. 33

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Northmoor May Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Platte

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Theodore S. Connor

3. (b) If veteran, name war No.

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Victoria Baldric

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

7. Birth date of deceased June 13 1908
(Month) (Day) (Year)

8. AGE: Years 37 Months 1 Days 22 If less than one day hr. min.

9. Birthplace St Joseph (City, town, or county) Mo (State or foreign country)

10. Usual occupation lineman

11. Industry or business Telephone

FATHER
12. Name Theodore S Connor
13. Birthplace Atchison (City, town, or county) Kan (State or foreign country)

MOTHER
14. Maiden name Catherine Duffey
15. Birthplace Cedar rapids (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Mrs T. S. Connor
(b) Address Northmoor Mo

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Aug 10-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park - K.C. Kan.

18. (a) Signature of funeral director L. H. Francis
(b) Address Parkville Mo.

19. (a) 8-11-45 (Date received local registrar) (b) Mrs Clay Giffee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5
year 1945 hour 2 minute A M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Embalism and Pulmonary Edema	3 hrs
Blood clot from hemarage	
Due to in right kidney area	
Terminal right cardiac	
Due to failure	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Tom H Hulett 3 Caroner (M. D. or other)
Address Platte City Mo Date signed 8/5/45

1209 (Licensed Embalmer's Statement on Reverse Side)

SEP 4 1945

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 me, Registered Apprentice No. , working under my personal supervision.

Signed L. H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville 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.