. S. No. 2
OM—8-43
v. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32603

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4539

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: 321 North Denver Kansas City/Mo.
(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 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 321 North Denver 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Nora CONNOR

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Edward Connor

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

7. Birth date of deceased Jan. 1, 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 0 If less than one day hr. min.

9. Birthplace Atchison (City, town, or county) Kan. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Patrick Durkin
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Catherine Quirk
15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mrs. Clell Anatiss
(b) Address 321 North Denver K.C. Mo.

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 11-5-45 (Month) (Day) (Year)

(c) Place: burial or cremation St. John Cem K.C. Kan.

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address 1800 Linwood Blvd. K.C. Mo.

19. (a) 11-3-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1 st
year 1945 hour 5 minute 25 P.M.

21. I hereby certify that I attended the deceased from Oct ~~30~~ 29, 1940, to Nov 1, 1945
that I last saw her alive on Nov 1, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage of Bra — Duration 4 days

Due to Hypertension — 3 yrs

Due to

Other conditions
(Include pregnancy within 3 months of death)

83a

Major findings:
Of operations

Of autopsy

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 R L Allen (M. D. ~~or other~~)

Address 5242 St John Date signed

(Licensed Embalmer's Statement on Reverse Side)

St John
Be 0141
at 2 PM

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 Glenn E. Heck.

Licensed Embalmer No. 4063

P. O. Address Kansas City, M

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.