No. 2
M—2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1567

Registration District No. JAN 31 1946 Primary Registration District No. 1002 Registrar's No. 228

FILED

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: Gen. Hosp. 29th & Genesee, Frisco R.R. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2:20 P.M. 6:50 P.M. (Specify whether
In this community 25 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte 97
(c) City or town Kansas city (If outside city or town limits, write "RURAL") 14
(d) Street No. 1101 Eaton St. (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Charles L. McConnell
3. (b) If veteran, name war no
3. (c) Social Security No. 513-09-3143-A
4. Sex Male 2
5. Color or race negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ada McConnell
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased 11 (Month) 18 (Day) 1880 (Year)

8. AGE: Years 65 Months 1 Days 22 If less than one day hr. min.

9. Birthplace Fayetteville (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Comm. Laborer
11. Industry or business
FATHER
12. Name Aaron McConnell
13. Birthplace Arkansas (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Jennie Vaughn
15. Birthplace Arkansas (City, town, or county) (State or foreign country)
16. (a) Informant Ada McConnell
(b) Address 1101 Eaton St.
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 1-15-46 (Month) (Day) (Year)
(c) Place: burial or cremation Westlawn
18. (a) Signature of funeral director K.C. Emb. & Casket Mfg. J. W. Jones
(b) Address 440 State Ave. K.C. Kan.
19. (a) 1-15-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan - day 10 - year 1946 hour 6 minute 50 - P. M.
21. I hereby certify that I attended the deceased from Deputy Coroner, 19 ; to 19 ; that I last saw alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Train Trauma. Frisco - R.R.
Due to Fracture Middle Third Lift Leg - Mangled.
Due to Amputation Right Leg
Other conditions (Include pregnancy within 3 months of death) Hit by train
Major findings: Of operations 169-8 30
Of autopsy No - Permit

Duration

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) Accident
(b) Date of occurrence 1-10-46
(c) Where did injury occur? K.C. Jackson (City or town) (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 30th & Genesee, Mo - K.C. Mo. (Specify type of place)
While at work? no (e) Means of injury Deputy Coroner
23. Signature J. Williams (M.D. or other)
Address 2636 - Brooklyn Date signed 1-11-46

(Licensed Embalmer's Statement on Reverse Side)

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

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.....A. T. Moore.....

Licensed Embalmer No.....948.....

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.