

S. No. 2
M-5-43
v. 5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4971

State File No. _____

FILED MAR 13 1948
Registration District No. 72

Primary Registration District No. 3013

Registrar's No. 20

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

1. PLACE OF DEATH:

(a) County Clay

(b) City or town North Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Wabash Round House N. K.C. Mo. 3
(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 30 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2841 Paseo
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas F. O'CONNOR

3. (b) If veteran, name war No

3. (c) Social Security No. 702-05-3298

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25
year 46 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1938
1938 to Feb 25, 1946
that I last saw him alive on Feb 25, 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Elizabeth O' Connor

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased July 22, 1882
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion

Due to Arterio-sclerosis

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

<u>63</u>	<u>7</u>	<u>3</u>	_____ hr. _____ min.
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Major findings:
Of operations _____

Of autopsy Autopsy

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Vinnaines Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Round House Foreman

11. Industry or business Wabash Railroad

MOTHER FATHER

12. Name John O'Connor

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Elizabeth O'Connor

(b) Address 2841 Paseo, K.C. Mo.

17. (a) Burial (b) Date thereof 2-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Mt. Moriah Cemetery

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

(b) Address 1800 Linwood Blvd. K.C. Mo.

19. (a) Feb 27 1946 Beulah H. Itchen
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)

(c) Means of injury _____

23. Signature Beulah H. Itchen (M. D. or other)

Address North Kansas City Date signed 2-25-46

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

2-12-46

MAR 25 1946

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 _____

Edw. C. Heck

Licensed Embalmer No. *4063*

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.