S. No. 2
M—5-43
. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19555

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 692

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 days (Specify whether

In this community 41 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 1722 So. 10th (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Michael Joseph O'Connor

3. (b) If veteran, name war No

3. (c) Social Security No. 500-07-5734

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased September (Month) 15 (Day) 1882 (Year)

8. AGE: Years 63 Months 9 Days 1 If less than one day hr. min.

9. Birthplace Tulla, County Clare, Ireland (City, town, or county) (State or foreign country)

10. Usual occupation City Fireman

11. Industry or business City of St. Joseph, Mo.

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

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

16. (a) Informant Mrs. Michael J. O'Connor

(b) Address 1722 So. 10th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19/46 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Heaton Be Tale + Bowman

(b) Address St. Joseph, Mo.

19. (a) June 18, 1946 (Date received local registrar) (b) [signature] (Registrar's signature) By V.N.H.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1946 hour 4 minute 03 A M.

21. I hereby certify that I attended the deceased from Apr. 20, 1946 to June 16, 1946 that I last saw him alive on June 15, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	1 day
Due to Arteriosclerosis	Unknown
Due to	
Other conditions Pernicious Anemia (Include pregnancy within 3 months of death)	Unknown

Major findings:
Of operations 94 cc

Of autopsy Coronary Occlusion Sub-diaphragmatic hernia Pernicious anemia - chronic nephritis

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 [signature] (M. D. or other)

Address St. Joseph, Mo. Date signed 6-17-46

34 (Licensed Embalmer's Statement on Reverse Side)

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 Raymond H. Morehead

Licensed Embalmer No. 4413

P. O. Address 319 So 10th St Joseph, 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.