S. No. 2
—12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 22 1947

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3009

State File No. 16788

Registrar's No. 42

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: Jackson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 30 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Colorado (b) County: 99
(c) City or town: Denver
(If outside city or town limits, write "RURAL")
(d) Street No. 4650 Sheridan Blvd
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: ANNIE FRANCIS O'CONNELL

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Harry M. O'Connell

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

7. Birth date of deceased: Feb. 23 - 1877 (Month) (Day) (Year)

8. AGE: Years 70 | Months 2 | Days 21 | If less than one day hr. min.

9. Birthplace: Ohio (City, town, or county) (State or foreign country)

10. Usual occupation: Housekeeper

11. Industry or business:

FATHER
12. Name: Michael H. Daley
13. Birthplace: Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Anna Hanlen
15. Birthplace: Ohio (City, town, or county) (State or foreign country)

16. (a) Informant: L. T. Daley
(b) Address: Jackson Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 5-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Denver Colo

18. (a) Signature of funeral director: Ellinger Funeral Home
(b) Address: Denver Colo.

19. (a) 5-15-47 (Date received local registrar) (b) D. G. Tuhut (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 14 year 1947 hour 10 minute 50 A.M.

21. I hereby certify that I attended the deceased from Apr 1 51, 1947, to May 14, 1947 that I last saw h. on alive on May 14, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	48 hrs
Due to: Arteriosclerosis	5 yrs
Due to: Hypertension	5-10 yr
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 63A
Of autopsy: 0

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) 0
While at work? (e) Means of injury

23. Signature: T. E. Ruff (M. D. or other) MD
Address: Jackson Mo Date signed 5/14/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 542-230

Date Filed 5-21-47

JUL 1 1947

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 Gene C. Crawford

Licensed Embalmer No. 4327

P. O. Address Jackson, 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.