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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 18 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29704
Registrar's No. 3582

Primary Registration District No. 1002

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

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:
3710 Wabash Avenue 1
(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)

3. (a) PRINT FULL NAME John M. CONNOLE
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Elizabeth Connole 6. (c) Age of husband or wife if alive 3 years
7. Birth date of deceased January 3, 1873
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 28
If less than one day
hr. min.

9. Birthplace Odesa, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business Bar Tender

12. Name John Connole 4

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

14. Maiden name May Caher

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

16. (a) Informant Mrs. Lillian Ice

(b) Address Lawrence, Kansas

17. (a) Burial (b) Date thereof 9-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

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

(b) Address Kansas City, Missouri

19. (a) 9-2-48 (b) D. Waldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3710 Wabash Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1
year 1948 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)
Deputy Coroner

Major findings: Of operations _____

Of autopsy History 932

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?

While at work? _____ (Specify type of job) (c) Means of injury _____

23. Signature A. E. Walker (M. P. or other)
Address 2800 Main District _____

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 Glen E. 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.