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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36783**
Registrar's No. **4512**

FILED NOV 20 1948

Registration District No. **799**

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:
ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **11 DAYS** (Specify whether
In this community **41 YEARS** years, months or days)

3. (a) PRINT FULL NAME **BRIDGET O'CONNELL**
3. (b) If veteran, name war **no** 3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **JAMES O'CONNELL** 6. (c) Age of husband or wife if alive **years 23**
7. Birth date of deceased **APRIL 23 1863**
(Month) (Day) (Year)

8. AGE: Years **85** Months **6** Days **11** If less than one day hr. min.

9. Birthplace **IRELAND**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business

12. Name **UNKNOWN**

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

14. Maiden name **O'BOYLE**

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

16. (a) Informant **MARTIN E. O'CONNELL**

(b) Address **LOS ANGELES, CALIFORNIA**

17. (a) **BURIAL** (b) Date thereof **10-6-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT. ST. MARY'S CEMETERY**

18. (a) Signature of funeral director **J. J. Donnell**

(b) Address **3256 S. ROBINSON**

19. (a) **11-5-48** (b) **St. Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

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. **3326 WAYNE AVENUE**
(If rural, give location)
(e) Citizen of foreign country? **unknown** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **NOVEMBER** day **3**
year **1948** hour **9** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Oct 31 - 1946** to **Nov. 3 - 1948**
that I last saw her alive on **Nov. 3 - 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of colon (sigmoid)**
Duration

Due to

Due to

Other conditions **Pharyngeal carcinoma, rheumatoid arthritis**
(Include pregnancy within 6 months of death)

Major findings:
- Of operations

Of autopsy **H/O**

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?

H. Paul Wright (Specify type of place) While at work? (e) Means of injury

23. Signature **H. Paul Wright M.D.** (M. D. or other) **140**
Address **1324 Prof. Betty's Kansas City** Date signed **Nov 5**

Nov. 1948

R. PAUL WRIGHT
PROFESSIONAL JUDGE.

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..... *Paul G. Rowe*.....
..... Licensed Embalmer No. *2347*.....
..... P. O. Address..... *K. C. 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.