

FILED DEC 29 1948
Registration District No. 449

Primary Registration District No. 1002

Registrar's No. 5024

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days
(Specify whether
In this community 15 years
years, months or days)

3. (a) PRINT FULL NAME Emma O'Connor

3. (b) If veteran, name war None 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 Dr. J. P. O'Connor 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Dec. 5 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 0 3 hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name Unknown 7

13. Birthplace Unknown
(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 Record Clerk

(b) Address K. C. General Hosp. #1

17. (a) Removal (b) Date thereof 12-8-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul, Minn.

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address 2332 Monitor Place, K.C. Mo.

19. (a) 12-9-48 (b) Specialline Holme
(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. 421 W. 33 St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8
year 1948 hour 2 minute 20 P.M.

21. I hereby certify that I attended the deceased from Nov. 18, 1948, to Dec. 8, 1948;
that I last saw her alive on Dec. 8, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular accident

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 830

Of autopsy None.

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?

Wm. W. Hart (Specify type of place)
While at work? (e) Means of injury

23. Signature Wm W Hart (M. D. or other) 12-8-48
Address Med. Dir. Gen'l Hosp. Date signed

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

MOTHER FATHER

By the Burial

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 *Blaine E. Willett*

Licensed Embalmer No. *4075*

P. O. Address *K.C. 8, 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.