

FILED MAR 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8501**
900

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 22 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY				
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2				d. STREET ADDRESS (If rural, give location) 724 Campbell Street				
3. NAME OF DECEASED (Type or Print) a. (First) BEATRICE			b. (Middle) THOMPSON		c. (Last) MCCONNELL		4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 23 1949	
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DECEMBER 12 1908		9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) LOUISIANA /		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME MONROE GREEN		13b. MOTHER'S MAIDEN NAME ELNORA		14. NAME OF HUSBAND OR WIFE JAMES MCCONNELL 724 Campbell				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS HUS: JAMES MCCONNELL 724 Campbell Street				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MALIGNANT LYMPHOBLASTOMA INVOLVING THE LIVER, SPLEEN AND ILEUM ANTECEDENT CAUSES XXXXXX (POSSIBLE HODKINS DISEASE) Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 1990					INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. TERMINAL BRONCHO PNEUMONIA		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>2/17/</u> , 19 <u>49</u> , to <u>2/23/</u> , 19 <u>49</u> that I last saw the deceased alive on <u>2/23/</u> , 19 <u>49</u> and that death occurred at <u>11:00 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE E. Frank Ellis (Degree or title) _____				23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 2/24/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/3/49	24c. NAME OF CEMETERY OR CREMATORY Lincoln		24d. LOCATION (City, town, or county) (State) Kansas City Mo.			
DATE REC'D BY LOCAL REG. 2-26-49		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE H B Moore		ADDRESS 1820 E 18 Street		

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed H. B. Moore

Licensed Embalmer No. 2410

P. O. Address 1820 E 18th St

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.