

FILED MAY 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13173

1815

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1815</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Bourbon</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>1 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ft. Scott</u>		8150		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Little Sisters of the Poor</u>				d. STREET ADDRESS (If rural, give location) <u>X</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u>			b. (Middle) <u>O'CONNOR</u>		c. (Last) <u>O'CONNOR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-16-50</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July-4-1859</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months Days Hours Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Slave-Keeper</u>		11. BIRTHPLACE (State or foreign country) <u>Ft. Scott, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Richard Jarks</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Seiver</u>		14. NAME OF HUSBAND OR WIFE <u>James O'Connor, deceased</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME. ADDRESS <u>Sister Emilie, 5331 Highland Ave</u>				
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, asthenia, etc.- It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Arteriosclerosis</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>25 yrs.</u> <u>4500</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min)		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>3-17</u> , 19 <u>50</u> , to <u>4-16</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4/14</u> , 19 <u>50</u> , and that death occurred at <u>2:15 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Joseph V. Fogarty</u> (Name or title)				23b. ADDRESS <u>402 Northman Bldg</u>		23c. DATE SIGNED <u>4/17/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>4/16/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>-</u>		24d. LOCATION (City, town, or county) (State) <u>Ft. Scott Kansas</u>		
DATE REC'D BY LOCAL REG. <u>4-18-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stine-McShure K. C. Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

5

with the above body
31 hours for
at NO 101 Mon.

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 S. J. Allen

Licensed Embalmer No. 1419

P. O. Address K. Ems

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.