

FILED SEP 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26807

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3485

1. PLACE OF DEATH

a. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**

c. LENGTH OF STAY (In this place) **60 yrs.**

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **St. Marys Hosp.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE **Missouri**

b. COUNTY **Jackson**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**

d. STREET ADDRESS (If rural, give location) **2832 Michigan**

3400

3. NAME OF DECEASED

a. (First) **Catherine**

b. (Middle) **D.**

c. (Last) **CONNOR**

4. DATE OF DEATH (Month) (Day) (Year) **Aug. 14, 1950**

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **Dec. 11, 1867**

9. AGE (In years last birthday) **82**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY **Home**

11. BIRTHPLACE (State or foreign country) **Johnson County, Kansas**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Joseph B. Mc Nulty**

13b. MOTHER'S MAIDEN NAME **Catherine Dowd**

14. NAME OF HUSBAND OR WIFE **Bernard A. Connor**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME **Bernard J. Connor**

ADDRESS **5300 Charlotte, K.C., Mo.**

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, aneurysm, etc. It means the disease, injury, or complication which caused death.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Hypertensive and**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **Arteriosclerotic Heart Disease**

DUE TO (c) **Arterial Hypertension**

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. **and arteriosclerosis**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from **8-13**, 1950, to **8-14**, 1950, that I last saw the deceased alive on **8-14**, 1950, and that death occurred at **1:50 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE **L.F. Steffen** (Degree or title)

23b. ADDRESS **1103 Grand Ave K.C. Mo**

23c. DATE SIGNED **8-15-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL**

24b. DATE **8-17-50**

24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery**

24d. LOCATION (City, town, or county) (State) **Olathe, Kansas**

DATE REC'D BY LOCAL REG. **8-15-50**

REGISTRAR'S SIGNATURE **Geraldine Holmes**

25. FUNERAL DIRECTOR'S SIGNATURE **Melody-McGilley-Bylar**

ADDRESS **K.C., Mo.**

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

Dr. L. F. Steffen  
Professional Bldg.  
Vi. 8180  
1:30 P.M. to 5:30 P.M. Tues.

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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 \_\_\_\_\_

*James M. Kelley Jr.*  
working under my personal supervision.

Student Embalmer No. 366

*James M. Kelley Jr.*  
Student Embalmer

Signed \_\_\_\_\_

*J. H. Brown*  
Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.