S. No. 300
v. 10.48

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12727

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1705

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) 60 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4311 Roanoke Parkway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
d. STREET ADDRESS (If rural, give location) 4311 Roanoke Parkway

3718

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN
b. (Middle) A
c. (Last) O'CONNOR

4. DATE OF DEATH (Month) April (Day) 17 (Year) 1951

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Mar 13 1891
9. AGE (In years last birthday) ~~60~~ 60 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garage Foreman
10b. KIND OF BUSINESS OR INDUSTRY Southwestern Bell
11. BIRTHPLACE (State or foreign country) Kansas City, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Charles O'Connor
13b. MOTHER'S MAIDEN NAME Mary Keane
14. NAME OF HUSBAND OR WIFE Gertrude O'Connor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 486-03-0422
17. INFORMANT'S SIGNATURE OR NAME Gertrude O'Connor — ADDRESS 4311 Roanoke Parkway

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) Suppurative Pyelonephritis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO~~ (b) # Nephrostomy suspected Carcinoma not proved
~~DUE TO~~ (c) # Diabetes - severe

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Edema & Congestion — 6000

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] 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) m.
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* Pathologist *, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 1:25 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Russell W. Kerr MD (Degree or title) Russell W. Kerr MD
23b. ADDRESS St Josephs Hospital
23c. DATE SIGNED 17 Apr 51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 11
24b. DATE 4/19/51
24c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 4-18-51
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE Quirk & Talin — ADDRESS 20 West Linwood

(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 .....

.....,

working under my personal supervision.

Student Embalmer No. .....

Signed Forrest A. Coldsmow

Signed.....
Student Embalmer

Licensed Embalmer No. 4714

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.