

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42772

Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Township _____ Primary Registration District No. 1001
 (c) City St. Joseph Mo. (d) Street No. St. Joseph # 2 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 3 yrs. mos. 21 da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

Registered No. 1244

2. PRINT FULL NAME 510 Matthew P. Connor
 (a) Residence, No. St. Joseph Hospital # 2 St. Kansas City Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Effie M. Carter Connor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29, 1873

7. AGE YEARS 66 MONTHS 5 DAYS 2 IF LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Blg. Contractor
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ken. 1

FATHER 13. NAME John Connor 5

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 1

MOTHER 15. MAIDEN NAME Mary Christopher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

17. INFORMANT Mrs. E. M. Swallow, 5545 Holmes R.C. Mo.
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City DATE Dec 2, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John J. Conner's Son, 1401 Birch Street, R.C. Mo.

20. FILED 12/3, 1939 A. J. Nuttall, 85 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1936 to Dec. 1, 1939

First saw him alive on Dec. 1, 1939 Death is said

to have occurred on the date stated above, at 9:25 P.M.

The principal cause of death and related causes of importance were as follows:

syphilitic meningio encephalitis Date of onset ?

Other contributory causes of importance: Carcinoma of stomach (pylorus region)

Name of operation none Date of _____
 What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) J. J. O'Dell, M. D.
St. Joseph (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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..... *H. C. Newcomer Jr.*

Licensed Embalmer No. *4043*

P. O. Address..... *N. 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, above space should be left blank.