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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41616

JAN 8 1941
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 5009

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Kansas City Conv. Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Unk. years, months or days)

3. (a) PRINT FULL NAME Timothy Connors

3. (b) If veteran, name war Unk.

3. (c) Social Security No. Unk.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Unknown

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years 77 Months + Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Unknown (City, town, or county) (State or foreign country) 9

10. Usual occupation Unknown 9

11. Industry or business Unknown 9

12. Name Unknown 9

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant K.C. Conv. Home

(b) Address 3200 Norledge

17. (a) Removal (b) Date thereof Jan. 2-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highville, Mo.

18. (a) Signature of funeral director Rev. Walter

(b) Address 7406 Wannall Rd.

19. (a) 12-31-40 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3200 Norledge
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29
year 1940 hour 1:30 minute 9 M.

21. I hereby certify that I attended the deceased from April 22
1940 to Dec 28 1940
that I last saw him alive on Dec 27 1940, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerosis

Due to	Duration
<u>97</u>	
<u>1</u>	

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. J. Lawrence (M. D. or other) _____
Address 3200 Norledge Date signed Jan 2-41

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 _____

Harley Roe

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Harley Roe

Licensed Embalmer No. 2810

P. O. Address J. E. ...

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.