

No. 2  
4-13-40  
5-17-39  
I X23139

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

9738  
State File No. 1147  
Registrar's No.

APR 15 1941  
Registration District No. 299

Primary Registration District No. 1602

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: **3660 Summit Roanoke Home**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1** (Specify whether)  
In this community **About 4 Yrs.** (years, months or days)

3. (a) PRINT FULL NAME **Rose Marie Connole**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Fe /** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **single**

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

7. Birth date of deceased **Feb. 25, 1928**  
(Month) (Day) (Year)

8. AGE: Years **13** Months **25** Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Lawrence, Kans.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Student**

11. Industry or business \_\_\_\_\_

12. Name **Martin D. Connole**

13. Birthplace **Corrolton, Ill**  
(City, town, or county) (State or foreign country)

14. Maiden name **Catherine C. Unser**

15. Birthplace **Rosedale, Kans.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Martin D. Connole**  
(b) Address **Richland, Kans.**

17. (a) **Burial** (b) Date thereof **3-22-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Joseph's Cemetery**

18. (a) Signature of funeral director **Thos. E. Quirk**

(b) Address **4316 Troost Ave.**

19. (a) **3/20/41** (b) **M. M. Growen**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3660 Summit** (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **20**  
year **41** hour **4** minute **10** a. M.

21. I hereby certify that I attended the deceased from **Mar 1**, 19**41**, to **Mar 20**, 19**41**, that I last saw her alive on **Mar 20**, 19**41**, and that death occurred on the date and hour stated above.

Immediate cause of death  
**Pulmonary Abscess** (1 week)  
Due to **General Facial Sinusitis** (1 mo)  
Due to **General Facial Sinusitis**  
Other conditions **11/41**  
(Include pregnancy within 3 months of death)

Duration  
Physician  
Underline the cause to which death should be charged statistically.

Major findings: **Ray = General infection of lungs + Dark Sinuses**  
Of autopsy \_\_\_\_\_

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? **Shower, No**  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **E. B. Burkhart** (M. D. or other) **M.D.**  
Address **3346 Summit** Date signed **3/20/41**

**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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

*Thomas E. Jewell*

Licensed Embalmer No. ....

3775

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, fact should be so stated above.**