

No. 2  
4-13-40  
5-17-39  
PI X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

23956

State File No. \_\_\_\_\_

2495

Registrar's No. \_\_\_\_\_

UG 10 1941  
Registration District No. 99

Primary Registration District No. 1002

48  
286  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
5812 Michigan Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 60 Years / \_\_\_\_\_ (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Mrs Elizabeth CONNELLY

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Patrick C. Connelly

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

7. Birth date of deceased April 14th 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 or 77 / 2 / 16 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Patrick Maloney

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

14. Maiden name Elizabeth Reeves

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

16. (a) Informant Elizabeth Fitzgerald

(b) Address 1108 East 23rd St. K.C. MO.

17. (a) Burial (b) Date thereof 7-3-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Melody-McGilley

(b) Address Kansas City Missouri

19. (a) 7/2/41 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 5812 Michigan Street  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30th  
year 1941 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from June 28  
1941, to June 30, 1941  
that I last saw her alive on June 28, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Secondary thrombosis

Due to Senility

Due to cardio-renal - 21  
vascular disease

Other conditions 12/10  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Elizabeth Fitzgerald (M. D. or other) (1)  
Address 3850 Prospect Date signed \_\_\_\_\_

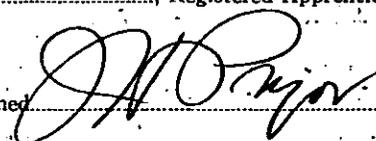
**STATEMENT BY LICENSED EMBALMER**

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. 267

working under my personal supervision.

Signed



Licensed Embalmer No. 2999 K

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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 23956

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2495

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:  
1812 Michigan St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....  
(c) City or town.....  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country?.....(Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Elizabeth Connelly

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased: April 17 1945  
(Month) (Day) (Year)

8. AGE: Years 76 Months..... Days..... (if less than one day)..... min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

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

(b) Address.....  
19. (a) 9/11/41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day.....  
year 1941 hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....  
that I first saw him..... alive on..... 19.....  
and that death occurred on the date and hour stated above.  
(Immediate cause of death.....)

Duration

Due to.....

Due to.....

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?  
..... (Specify type of place)

While at work?..... (c) Means of injury.....

23. Signature..... (M. D. or other).....  
Address..... Date signed.....

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

SUPPLEMENTARY

MOTHER FATHER

