

DEC 22 1941

Registration District No. 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH: Jackson  
 (a) County: Kansas City  
 (b) City or town: Kansas City  
 (c) Name of hospital or institution: 4133 Mercier  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: 29 years  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 048  
 (a) State: Missouri (b) County: Jackson 3  
 (c) City or town: Kansas City 8  
 (If outside city or town limits, write "RURAL")  
 (d) Street No.: 4133 Mercier 0  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.: Since 1906 years.

3. (a) PRINT FULL NAME: Katie O'Connor  
 (b) If veteran, name war: ---  
 (c) Social Security No.: ---

20. DATE OF DEATH: Month: November day: 21  
 year: 1941 hour: --- minute: --- M.

4. Sex: Female  
 5. Color or race: White  
 6. (a) Single, widowed, married, divorced: Married  
 (b) Name of husband or wife: John J. O'Connor  
 (c) Age of husband or wife if alive: 55 years  
 7. Birth date of deceased: June 29, 1888  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4:30 - 1941, to 11-21-1941; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	53	4	22	hr. 1 min.

that I last saw her alive on 11-21-41  
 Immediate cause of death: *Myocardial Infarction*  
*Metastatic Carcinoma of Liver & Lungs.*  
 Due to: *50*  
 Due to: *50*  
 Other conditions: *50*  
 (Include pregnancy within 3 months of death)

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

10. Usual occupation: At Home

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

MOTHER FATHER {  
 12. Name: John Queenan  
 13. Birthplace: Ireland 4  
 (City, town, or county) (State or foreign country)  
 14. Maiden name: Margaret McNulty  
 15. Birthplace: Ireland 4  
 (City, town, or county) (State or foreign country)

Major findings: *as above 3/23/41*  
 Of operation: \_\_\_\_\_  
 Of autopsy: *none*  
 PHYSICIAN: \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant: John J. O'Connor  
 (b) Address: 4133 Mercier

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof: 11/23/41  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation: St. Mary's Cemetery

23. Signature: *M. M. Crowe* (M. D. or other) M.D.  
 Address: 1034 Realla Bldg. Date signed: 11-21-41

18. (a) Signature of funeral director: *Quirk & Tobin Co.*  
 (b) Address: *St. P. Ave.*  
 19. (a) 11-21-41 (b) M. M. Crowe  
 (Date received local registrar) (Registrar's signature)

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

*John J. Couray*

Registered Apprentice No.

*307*

working under my personal supervision.

Signed

*Charles M. Zursk*

Licensed Embalmer No.

*3634*

P. O. Address

*H. C. Co*

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.