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V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3729

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:
St. Joseph's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 74 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3 8

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

(d) Street No. 3329 Wyandotte
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JAMES O'CONNOR

3. (b) If veteran, name war No

3. (c) Social Security No. ~~None~~ 496-09-1348

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Isabella O'Connor

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

7. Birth date of deceased March (Month) 20, (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	6	18	hr. min.

9. Birthplace Weston (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Foreman

11. Industry or business Kansas City Power & Light Co.

FATHER
12. Name Flurry O'Connor
13. Birthplace Claire County (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Mary Carey
15. Birthplace Claire County (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Dan O'Connor
(b) Address 3329 Wyandotte

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-10-1942 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Quirk & Tobin
(b) Address 20 West Linwood

19. (a) 10/9/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8
year 1942 hour 7: minute 57 P.M.

21. I hereby certify that I attended the deceased from 10/5/42, 19..., to 10/8/42, 19...;
that I last saw him alive on 10/8/42, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	3 days
Due to 94a	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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) None
(b) Date of occurrence None
(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? (Specify type of place)
(e) Means of injury

23. Signature [illegible] (M.D. or other)
Address 800 Prof Bldg Date signed 10/9/42

(Licensed Embalmer's Statement on Reverse Side)

NOV 20 1947

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.....

Licensed Embalmer No.....

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.