

FILED JAN 11 1943

Registration District No. **149**

Primary Registration District No. **1062**

Registrar's No. **4841**

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:
1405 East 10th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **Lifetime** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **John J. O'Connor**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **496-16-9467**

4. Sex **Male** 5. Color or Race **White** 6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **Ruth Jones** 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased **September 14 1892**
(Month) (Day) (Year)

8. AGE: **50** Years **3** Months **10** Days If less than one day hr. min.

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

10. Usual occupation **Steamfitter**

11. Industry or business

12. Name **Patriek O'Connor**

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

14. Maiden name

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

16. (a) Informant **Mrs. Maude Payne**

(b) Address **1405 East 10th Street**

17. (a) **Burial** (b) Date thereof **12-28-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **J. J. [Signature]**

(b) Address **3256 Broadway**

19. (a) **Dec 27 1942** (b) **M. M. Brown**
(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. **Formerly of 1306 West 20th Terr.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **24** year **1942** hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... to..... that I last saw him..... and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic vascular nephritis**
Due to **Bronchopneumonia**

Other conditions **121a**
(Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy **See Above**

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

While at work..... Means of injury.....
23. Signature **W. J. Walker** (M. D. or other) **M.D.**
Address **23rd McCoy** Date signed **12/28/42**

JAN 19 1943

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..... *Park G. Rowe*

..... Licensed Embalmer No. *2347*

P. O. Address..... *W. E. 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.