

FILED MAR 25 1943

Registration District No. 149 Primary Registration District No. 1802 Registrar's No. 1331

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: Wesley Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 2

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

(d) Street No. 4136 Mill Creek
(If rural, give location)

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

3. (a) PRINT FULL NAME JOSEPH MICHAEL O'CONNELL

3. (b) If veteran, name war No

3. (c) Social Security No. 493-12-1326

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th
year 1943 hour 6: minute 30 A. M.

4. Sex Male

5. Color of race Wh

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

6. (b) Name of husband or wife Mrs. Anna Theresa O'Connell xx years

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

7. Birth date of deceased December 31 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 11 1943 to March 15 1943 that I last saw him alive on _____ 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>2</u>	<u>14</u>	_____ hr. _____ min.

Immediate cause of death Coronary Occlusion

9. Birthplace Jacksonville Ill. 1
(City, town, or county) (State or foreign country)

Due to arteriosclerosis 54yo

Due to old age 94yo

10. Usual occupation Salesman

Other conditions no
(Include pregnancy within 3 months of death)

11. Industry or business K.C. Mill Products Co.

Major findings: no

Of operations _____

Of autopsy no

MOTHER FATHER { 12. Name No Record

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Helen M. Burnett

22. If death was due to external causes, fill in the following:

(b) Address 1247 Highland, Glendale, Cal.

(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (b) Date thereof 3-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

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

(b) Date of occurrence _____

18. (a) Signature of funeral director J. M. Wagner

(b) Address Kansas City, Mo.

(c) Where did injury occur? _____
(City or town) (County) (State)

19. (a) 3-17-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

(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 U

23. Signature M. J. Schmitt
M. J. Schmitt
M. J. Schmitt

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

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

Cecil R. Matthes

Licensed Embalmer No.

3807

P. O. Address

Kansas City, 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.