

FILED DEC 3 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37432**  
4913  
Registrar's No.

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 week (Specify whether  
In this community 5 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 616 Olive  
(If rural, give location)  
(e) Citizen of foreign country? Yes or No  
If yes, name country 0

3. (a) PRINT FULL NAME Marlene Elizabeth O'Connell

3. (b) If veteran, name war -- 3. (c) Social Security No. none

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

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

7. Birth date of deceased July 13, 1938  
(Month) (Day) (Year)

8. AGE: Years 5 Months 4 Days 6 If less than one day hr. min.

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

10. Usual occupation School

11. Industry or business

12. Name George J. O'Connell

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

14. Maiden name Joan Elsie Ward

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

16. (a) Informant George J. O'Connell

(b) Address 616 Olive, K.C.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 22, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt St Marys Cemetery

18. (a) Signature of funeral director Sheil Funeral Home

(b) Address K.C.Mo.

19. (a) 11-20-43 (Date received local registrar) (b) D.C. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19  
year 1943 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19...  
that I last saw him alive on, 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death Allergic purpura hemorrhagicum

Due to Sulfadiazine

Other conditions (include progress within 3 months of death) 720

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? (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) (c) Means of injury

23. Signature A. E. Spacher, M.D. (M. D. or other)  
Address 23 McCal Date 11/20/43

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

MOTHER FATHER

**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.....

*John P. Sheil*

Licensed Embalmer No. *3625*

P. O. Address *K B Md*

**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.**