

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 6 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **1291**

Registration District No. **749** Primary Registration District No. **1002**

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 **K. C. General Hospital No. 10**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 days**  
In this community **50 yrs.**  
years, months or days

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. **611 1/2 E. 25 St.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Annie O'Connor**  
3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **March** day **19**  
year **1944** hour **3** minute **50** A.M.

4. Sex **Fe** 5. Color or race **wh** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Patrick** 6. (c) Age of husband or wife if alive **years**  
7. Birth date of deceased **Sept 22 1866**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **March 16 1944** to **March 19 1944**  
that I last saw her alive on **March 19 1944**  
and that death occurred on the date and hour stated above.

8. AGE: Years **77** Months **5** Days **27** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **Bilateral hydrothorax with pulmonary atelectasis due to plural adhesions**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy **See above**

10. Usual occupation **at home**

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name **Cornelius Duachy**  
13. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Kitty Callahan**  
15. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant **Mrs Helen O'Connor**  
(b) Address **611 1/2 E. 25 St.**

17. (a) **Burial** (b) Date thereof **3/22/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Malvern**

While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (Means of injury)  
23. Signature **A. E. Walker** (M. D. or other) **D. E. Brown**  
Address **2211 W. 44th** Date signed **3-20-44**

18. (a) Signature of funeral director **Quinn & Taber Co.**  
(b) Address **2211 W. 44th**  
19. (a) **3-22-44** (b) **D. E. Brown**  
(Data received local registrar) (Registrar's signature)

Physician **1108**  
Underline the cause to which death should be charged statistically.

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

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**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.**