. S. No. 2
0M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1945

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 19447

Registrar's No. 2715

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: 1009 E. 32nd St TERRACE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---- (Specify whether
In this community 4 1/2 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 1009 E 32nd TERRACE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ----

3. (a) PRINT FULL NAME MR EDWARD HUGH CONNELL

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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 AUGUST 7 - 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	10	19	hr. min.

9. Birthplace SCRANTON PENNSYLVANIA
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business

FATHER
12. Name DANIEL CONNELL
13. Birthplace IRELAND
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY KELLY CONNELL
15. Birthplace 1029 E. IRELAND
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Laura Connell
(b) Address 1009 E. 32nd St. Terrace

17. (a) BURIAL (b) Date thereof 6-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MT. ST. MARY'S CEMETERY

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 6-27-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 26th
year 1945 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan, 1945, to June 26, 1945
that I last saw him alive on June 22, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	2 wks
Due to Arterio sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) Arterio-sclerosis	

83.0

Major findings:
Of operations
Of autopsy

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)
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Edw. H. Thiessen (M. D. or other)
Address 1032 Prof Bldg K.C. Mo Date signed 6-27-45

(Licensed Embalmer's Statement on Reverse Side)

Professional Bly

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 Emile M. Colbrow

Licensed Embalmer No. 3506

P. O. Address Kemo

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.