o. 2
5-43
.7-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40048

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5162

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: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 min. (Specify whether years, months or days)

In this community 42 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 3608 Campbell St. 8
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Daniel Patrick Connelly

3. (b) If veteran, name war No

3. (c) Social Security No. # unknown

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Gertrude M. Connelly

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

7. Birth date of deceased Nov. 11, 1903 (Month) (Day) (Year)

8. AGE: Years 42 Months 1 Days 2 If less than one day hr. min.

9. Birthplace Kansas City, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Upholsterer

11. Industry or business Smith & Greenlee

FATHER
12. Name Patrick J. Connelly 4
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Ellen Lane
15. Birthplace Kansas (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs Gertrude M. Connelly
(b) Address 3608 Campbell St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 15 1945 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director Thos. E. Quirk
(b) Address 4316 Troost Ave.

19. (a) 12-15-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13th year 1945 hour 8.30 A.M. minute M.

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

	Duration
Immediate cause of death Bronchopneumonia	
Due to Rheumatic Heart Disease, chronic	
Due to	
Other conditions (Include pregnancy within 3 months of death) 95 lb	

Major findings:
Of operations no
Of autopsy see above

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 T. H. Owens (M. D. or [illegible])
Address Kans City Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas E. Turk

Licensed Embalmer No. 3775

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.