

S. No. 2
15-2-43
5-17-39
X35897

FILED JAN 31 1948
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 111

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:
4046 Campbell St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4046 Campbell St. 8
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs Mary A. Connolly

3. (b) If veteran, name war NO
3. (c) Social Security No. NO ONE

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow?
6. (b) Name of husband or wife James Connolly
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 15, 1875
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 21
If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name John S. Callahan
13. Birthplace New York
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Reilly
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Anne A. Connolly
(b) Address 4046 Campbell St.

17. (a) Burial (b) Date thereof Jan. 9, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

19. (a) 1-9-48 (b) Declanine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 6th
year 1948 hour 3.35 P.M. day _____ minute _____

21. I hereby certify that I attended the deceased from August
1945 to Jan 16, 1946
that I last saw her alive on Jan 6, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Sepsis due to Leukemia 6 months
Duration

Due to _____

Due to _____

Other conditions Diarrhea Cholera
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 74a

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?

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

23. Signature [Signature] (M. D. or other) [Signature]
Address St. Mary's Date signed 1-7-48

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..... *Thomas E. Jurik*

..... Licensed Embalmer No..... *3775*

..... P. O. Address..... *H. C. M.*

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.