

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27289
Registrar's No. 3557

Registration District No. 149 Primary Registration District No. 1002

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

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:
4230 Chestnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 45 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 4230 Chestnut 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MISS NORINE C O'CONNOR
(b) If veteran, name war No (c) Social Security No. 486-03-4470
4. Sex Female 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 March 1 1901
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 15 year 1946 hour 6 minute AM M.
21. I hereby certify that I attended the deceased from Aug 1945 to Aug 15 1946
that I last saw her alive on Aug 14 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
45 5 14 hr. min.

Immediate cause of death Acute Bronchitis pneumonia Duration 1 day
Due to cardiac failure 1 day
Due to Coronary thrombosis from left 1 year
breast
Other conditions carcinoma of left
(Include pregnancy within 3 months of death) breast
Major findings: stroke 50
Of operations _____
Of autopsy no

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

10. Usual occupation Cashier

11. Industry or business Warner Bros. Motion Picture

MOTHER, FATHER { 12. Name Charles O'Connor
13. Birthplace Conn I
(City, town, or county) (State or foreign country)
14. Maiden name Mary Keane
15. Birthplace Iowa I
(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 Miss Maxine O'Connor
(b) Address 4230 Chestnut R C Mo

17. (a) Burial (b) Date thereof 8/17/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Burk & Soben Co
(b) Address 20 West Linwood

(Specify type of place) (c) Means of injury 0
While at work? _____
23. Signature J. P. Tolson (M. D. or other) 42
Address 1107 1/2 Grand Ave Date signed 8/15/46

19. (a) 8-17-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

N. P. McO

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, ~~by~~.....

....., Registered Apprentice No.,
working under my personal supervision.

Signed Howard W. Farmer.....

Licensed Embalmer No. 4134.....

P. O. Address Kansas City, Mo......

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.