

FILED FEB 11 1947  
799  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 435

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:  
Krestwoods Convalescent Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 24 hours  
In this community 36 years  
(Specify whether 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. 3329 Wyandotte  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS. CARRIE O'CONNOR

3. (b) If veteran, name war No  
3. (c) Social Security No. None

4. Sex F, male 5. Color or race White  
6. (a) Single, widowed, married, divorced, Widow  
6. (b) Name of husband or wife James O'Connor  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug 19 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 5 8 hr. min.

9. Birthplace Little Rock Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Michael Brenn  
13. Birthplace No record  
(City, town, or county) (State or foreign country)

14. Maiden name No record  
15. Birthplace No record  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Matilda Feeney  
(b) Address 3329 Wyandotte

17. (a) Burial (b) Date thereof 1/30/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Zurk  
(b) Address 20 West Linwood

19. (a) 1-29-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27th day Jan  
year 1947 hour 5:30 minute P M.

21. I hereby certify that I attended the deceased from Jan 21 1947 to 1-27 1947  
that I last saw her alive on 1-27 1947  
and that death occurred on the date and hour stated above  
Immediate cause of death Cerebral hemorrhage  
Duration 6 days

Due to hypertension  
Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 (1)

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 200 Plaza Med Bldg. Date signed \_\_\_\_\_

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

MOTHER FATHER

*Handwritten scribbles and illegible text at the top of the page.*

**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 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.**