

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:
4622 Fairmount 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 36 years
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. 4622 Fairmount
(If rural, give location)
 (e) Citizen of foreign country? unknown (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME PATRICK J O'CONNELL
 3. (b) If veteran, name war World War 1 3. (c) Social Security No. 500-12-7064

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 2nd day Feb
 year 1947 hour 2:00 minute P M.
 21. I hereby certify that I attended the deceased from Jan 29
1947 to _____, 19____
 that I last saw him alive on Jan 29
 and that death occurred on the date and hour stated above. 1947

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Catherine M O'Connell
 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased May - 1888
(Month) (Day) (Year)

Immediate cause of death
Coronary occlusion
 Due to cardiac asthma
 Due to arteriosclerosis
 Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
58 9 - _____ hr. _____ min.

Major findings:
 Of operations 956
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

9. Birthplace County Kerry Ireland 4
(City, town, or county) (State or foreign country)
 10. Usual occupation Watchman

11. Industry or business General Box Co.
 12. Name Maurice J O'Connell 4
 13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Margaret O'Sullivan 4
 15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Catherine McO'Neill
 (b) Address 4622 Fairmount

17. (a) Burial (b) Date thereof 2/5/47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director St. Mary's Cemetery
 (b) Address 20 West Linwood

19. (a) 3-3-47 Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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?
Home
(Specify type of place)
 While at work? _____ (e) Means of injury 0
 23. Signature M. Higgins (M. D. or other) MD
 Address 925 Wagoner Bldg Date signed 2-3-47

FEB 26 1947

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.....

John Louroy
4424

Licensed Embalmer No.....

P. O. Address.....

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.