

FILED MAY 29 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2244

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: Kansas City Osteopathic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether
In this community 45 Years
years, months or days)

3. (a) PRINT FULL NAME Mrs Nettie CONNOLE
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female / 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edward Connole
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased October 25 1894
(Month) (Day) (Year)

8. AGE: Years 52 Months 6 Days 27
If less than one day hr. min.

9. Birthplace Carthage Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER
12. Name Thomas Brody
13. Birthplace Carthage Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Alice Duncan
15. Birthplace Butler Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Edward Connole
(b) Address 708 E 26 St, Kansas City Mo

17. (a) Burial (b) Date thereof 5-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brooking Cem. Leeds Mo

18. (a) Signature of funeral director Melody-McGilley-Eylar
(b) Address 1800 E Linwood Blvd, K.C. Mo

19. (a) 5-22-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 708 East 26th St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1947 hour 01.2 minute 20 A.M.

21. I hereby certify that I attended the deceased from May 12 1947 to May 22 1947
that I last saw her alive on May 22 1947
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocardial failure

Due to metastatic carcinoma of liver - pancreas - spleen

Due to severe toxemia + uremia

Other conditions primary site in pancreas
(Include pregnancy within 3 months of death) 46 g

Major findings: Carcinoma Pancreas Liver - Spleen - Metastases

Of autopsy _____

Duration
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? 2

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

23. Signature JAMES A. DE REMIER, D.O.
929 Buysal Bldg. (M.D. or other)
Address _____ Date signed 5/22/47

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

MAR 16 1949

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.....

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.