. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 27 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1022

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 157

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: St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks (Specify whether
In this community 40 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")
(d) Street No. 3307 Wabash Avenue 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Albert N. CONNELY
3. (b) If veteran, name war no
3. (c) Social Security No. 702-12-0554
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nora A. Connely
6. (c) Age of husband or wife if alive ~~65~~ 67 years
7. Birth date of deceased August (Month) 17, (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	4	24	hr. min.

9. Birthplace Meldern, (City, town, or county) Kansas (State or foreign country) 1
10. Usual occupation Engine Foreman
11. Industry or business K. C. Southern RR
12. Name John Connely
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name Nannie Ford
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Mrs. Nora A. Connely
(b) Address 3307 Wabash, K. C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill
18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri
19. (a) 1-12-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11
year 1948 hour 8 minute 10 A. M.
21. I hereby certify that I attended the deceased from 14 oct, 1947 to 11 JAN, 1948
that I last saw him alive on 11 JAN, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	16 HRS.
Due to Coronary Sclerosis	2 YRS
Due to Chronic Myocarditis	4 Mo
Other conditions Hydro thorax (Rt) (Include pregnancy within 3 months of death)	1 Mo

Major findings:
Of operations
Of autopsy
93 D

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature James W Downey (M. D.)
Address 800 Argyle Bldg K.C. Mo. Date signed 12 Jan. 1948

(Licensed Embalmer's Statement on Reverse Side)

Dr. H. P. Miller
Argyle Bldg.
Vi. 9878
1:30 to 5 o'cl

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 Donald M. Mallatt, Registered Apprentice No. 75, working under my personal supervision.

Signed Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address R. C. 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } SS:
County of Jackson }

State File No.
Local Registrar's No. 158-48

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 22 day of January, 1948, before me appears Mrs. Albert N. Connely, who, upon her oath, states that the original record of ~~birth~~ death for Albert N. Connely, ~~born~~ died Jan. 11, 1948, in the State of Missouri, and which was filed at K. C. Mo. on 1-12, 1948, should be corrected as follows:

Item No. 6 C should read 67

Instead of 65

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Nora R. Connely Wife
Relationship.

4423 Prospect
Present Address.

Subscribed and sworn to before me this 22 day of Jan, 1948.

My Commission expires Oct. 21, 1951 Barrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

rm V. S. 135
0M—8-43
1 X37817

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