

FILED FEB 7 1948  
Registration District No. ....

Primary Registration District No. .... 1002

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: H.C. Osteopathic Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 25 days  
(Specify whether years, months or days)

In this community: 25 yrs  
(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.: 2711 Peery  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: .....

3. (a) PRINT FULL NAME: Daniel C. Connole

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25 year 1948 hour 6:20 minute P M.

4. Sex: male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Alice Connole

6. (c) Age of husband or wife if alive: 50 years

7. Birth date of deceased: Dec. 5 1897  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 25 1948 to Jan 25 1948 and that I last saw him alive on Jan 25 1948 and that death occurred on the date and hour stated above.

Duration: 2 weeks

8. AGE: Years 50 Months 1 Days 20 If less than one day hr. min.

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

10. Usual occupation: Barber

Immediate cause of death: Phlebotomitis

Due to: Cancer Pylorus

Due to: 468

Other conditions: .....

(Includes pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business: .....

12. Name: Jac Connole

13. Birthplace: Italy  
(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: Alice Connole

(b) Address: 2711 Peery

17. (a) Burial (b) Date thereof: Jan 26 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cem

18. (a) Signature of funeral director: Wm C R Foster

(b) Address: 918 Broadway

19. (a) 1-26-48 (b) Thereldine Holmes  
(Date received local registrar) (Registrar's signature)

Major findings: Cancer

Of operations: Cancer & Phlebotomitis

Of autops: .....

PHYSICIAN: \_\_\_\_\_

Underline the cause of 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? 21

While at work? John G. Peery (Specify type of place)

Means of injury: 00

23. Signature: John G. Peery (M. D. or other) 00

Address: 500 Buysant Bldg Date signed: 1-26-48

WRITE PLAINLY---USING UNFADING BLACK INK---MAKE A PERMANENT RECORD

**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.....

*Joe B. Yoder*

Licensed Embalmer No.....

*4173*

P. O. Address.....

*918 Brooklyn*

**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.

*K.C. no.*