

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8850**
Registrar's No. **998**

Registration District No. **949**

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:
1916 Elmwood
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community **20 years**

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. **1916 Elmwood**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **HUGH O'CONNOR**
 3. (b) If veteran, name war **- no**
 3. (c) Social Security No. **190-16-9988**

4. Sex **male** 5. Color or race **white**
 6. (a) Single, widowed, divorced, married **married**
 6. (b) Name of husband or wife **Rena**
 6. (c) Age of husband or wife if alive **62** years
 7. Birth date of deceased **May 19 1877**
(Month) (Day) (Year)

8. AGE: Years **70** Months **9** Days **10**
 If less than one day hr. _____ min. _____

9. Birthplace **Montrose Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Laborer**

11. Industry or business _____

MOTHER FATHER
 12. Name **John O'Connor**
 13. Birthplace **Dublin Ireland**
(City, town, or county) (State or foreign country)
 14. Maiden name **Sarah Masterson**
 15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Kavanaugh O'Connor**
 (b) Address **4334 Chestnut**

17. (a) Burial (b) Date thereof **3-3-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Mt. Washington**

18. (a) Signature of funeral director **C.H. Blackman & Son, Inc.**
 (b) Address **2825 Independence Blvd.**

19. (a) 3-3-48 (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **29**
 year **1948** hour **8** minute **35 P.** M.
21. I hereby certify that I attended the deceased from **Jan 14 1947**
to **Feb 29 1948**
 that I last saw him alive on **Feb 29 1948**
 and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial Infarction
& Recompensation
 Due to **Arteriosclerosis**
 Due to _____
 Other conditions **None**
(Include pregnancy within 3 months of death)

Duration
12 yr
47 year

Major findings:
 Of operations **none**
 Of autopsy **none**

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? _____

While at work? _____
(Specify type of place) (e) Means of injury
23. Signature **Les W. Griffith** (M. D. or other) **MD**
 Address **1000 Ballentine** Date signed **Mar 2/48**

*No. 71. Ruffin
4000 Baltimore*

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 *H. D. Blackman*

Licensed Embalmer No. *3639*

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.