

Registration District No. **249**

Primary Registration District No. **1002**

Registrar's No.

1. PLACE OF DEATH:
Jackson
(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:
Died on the way to St. Joseph's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **All his life**
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") **8**
(d) Street No. **436 Spruce** (If rural, give location) **0**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Patrick Joseph O'Connor**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **19**
year **48** hour **10:45** minute **0** A.M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Agatha** 6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **March 16 1886**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Coronary** 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death
Right Coronary Thrombosis

8. AGE:	Years	Months	Days	If less than one day
62	62	4	3	hr. _____ min.

Due to **Acute myocardial infarction**
Due to **Coronary atherosclerosis**

9. Birthplace **Kansas City Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Retired Contractor**

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **938**
Of autopsy **yes as above**

11. Industry or business _____
12. Name **James O'Connor**
13. Birthplace **Kansas City Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Catherine Cummings**
15. Birthplace **Kansas City Missouri**
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. E. J. Caldwell**
(b) Address **436 Spruce**

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? _____

17. (a) **Burial** (b) Date thereof **July 22, 48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Mary's Cemetery**

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

18. (a) Signature of funeral director **Frank Tolson**
(b) Address **20 West Linwood**
19. (a) **7-21-48** (b) **Geraldine Holmes**
(Date received from registrar) (Registrar's signature)

23. Signature **Frank Tolson** (M. D. or other) **3**
Address **214 24 1/2 W 11th** Date signed **7-20-48**

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

MOTHER, FATHER

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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City 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.