

FILED AUG 1 1949

State File No.

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 89-89

1. PLACE OF DEATH:

(a) County Linn
 (b) City or town Chillicothe
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
107 Jackson
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 44 yrs
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Cathrine Ellen O'Connor3. (b) If veteran, name war - 3. (c) Social Security No. 524-16-05374. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years7. Birth date of deceased Sept. 22 1884
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
64 9 16 - hr. - min.9. Birthplace New Cambria Mo
(City, town, or county) (State or foreign country)10. Usual occupation Saleslady11. Industry or business Department Store12. Name Bryan J. O'Connor13. Birthplace -
(City, town, or county) (State or foreign country)14. Maiden name Mary Collins15. Birthplace -
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Maurice Martin(b) Address Chillicothe Mo17. (a) Burial (b) Date thereof 8/11/49
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Chillicothe Mo18. (a) Signature of funeral director Donald Jordan(b) Address Chillicothe Mo19. (a) July - 11/49 (b) Frances B. Neill
Date received local registrar (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
 (c) City or town Chillicothe
 (If outside city or town limits, write "RURAL")
 (d) Street No. 107 Jackson
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1949 hour 3 minute 15 P. M.21. I hereby certify that I attended the deceased from June 1 49
1949 July 8 49 1949
that I last saw him alive on July 8 1949
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage 2 days
Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations

Of autopsy

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)

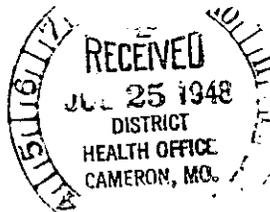
(b) Date of occurrence

(c) Where did injury occur?

(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 Joseph Howard (M. D. or other) M.D.Address Chillicothe Mo Date signed July 11 49



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 *Ronald Gordon*

Licensed Embalmer No. *4191*

P. O. Address *Chillicothe, 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.