

FILED JUL 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24102

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 123

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL PRAIRIE TWP</u> c. LENGTH OF STAY (in this place) <u>24-11-80</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JACKSON HOME FOR AGED. W. R.H. INDEPENDENCE MO</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS RURAL PRAIRIE TWP City</u> d. STREET ADDRESS (If rural, give location) <u>1853 Holly</u> <u>2808</u>	
<b>3. NAME OF DECEASED</b> a. (First) <u>WILLIAM</u> b. (Middle) <u>J</u> c. (Last) <u>CONNELLY</u> (Type or Print)		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>7</u> <u>8</u> <u>1956</u>	
<b>5. SEX</b> <u>MALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>SEPARATED</u>	<b>8. DATE OF BIRTH</b> <u>8-25-1885</u>
<b>9. AGE</b> (In years last birthday) <u>70</u>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Commission Salesman</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Salesman</u>
<b>11. BIRTHPLACE</b> (State or foreign country) <u>MOBERLEY MO</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>Michael Connolly</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Ann Hogan</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Sarah E. CONNELLY</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) _____	
<b>16. SOCIAL SECURITY NO.</b> <u>511-14-7758</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>JACKSON HOME RECORDS</u>	
<b>18. ADDRESS</b> <u>184-INDPENDENCE MO</u>		<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Cerebral ARTERIO Sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>331x</u>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <u>January 1, 1955</u> , to <u>7-8</u> , 195 <u>6</u> , that I last saw the deceased alive on <u>7-8</u> , 195 <u>6</u> , and that death occurred at <u>3:00</u> m., from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> <u>Edward W. ... M.D.</u>		<b>23b. ADDRESS</b> <u>Johnson County Hospital</u>	
<b>23c. DATE SIGNED</b> <u>7-9-56</u>		<b>24. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	
<b>24b. DATE</b> <u>7-12-56</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Resurrection</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Johnson County Kansas</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Frank Jabon Kansas City, Mo</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>7-10-56</u>		<b>25. ADDRESS</b> <u>28th St. Kansas City, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

APR 20 1958

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed William M. Turner

Signed.....  
Student Embalmer

Licensed Embalmer No. 4648

P. O. Address 22th. Linwood  
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.