

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

4272
Do not use this space.

1. PLACE OF DEATH **DEED JAN 7 1939**

(a) County North Registration District No. 903

(b) Township Witchell Primary Registration District No. 4545 Registered No. _____

(c) City Frank City (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME SUSAN CAROLINE CONN

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ch. Conn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1, 1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>90</u>	<u>11</u>	<u>8</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lived with

9. Industry or business in which work was done, as saw mill, bank, etc. granddaughter

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wrightstown, Ohio

FATHER

13. NAME Sam Carpenter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Margaret Cook

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Glo. Conn, Sapona, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sapona Cem. DATE 1/9, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arch C. Duffee, Frank City, Mo.

20. FILED 1-9, 1939 Ed Mullins Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-9-39

22. I HEREBY CERTIFY, That I attended deceased from 1-5 1939, to 1-9 1939

I last saw her alive on 1-8-39 at 9:00 P.M. Death is said to have occurred on the date stated above, at _____

The principal cause of death and related causes of importance were as follows:

Pneumonia Sobar 1-4-39

Date of onset _____

Other contributory causes of importance: NO

Name of operation _____ Date of _____

What test confirmed _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place, _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) W. H. Mass M.D. D. _____

(Address) Frank City, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Arch C. Dingle

Licensed Embalmer No. *3252*

P. O. Address.....

Grant City, N.C.

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, above space should be left blank.