

FILED FEB 28 1940

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

1255  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Raw Primary Registration District No. 1002  
(c) City or Kennett (d) Street No. Seaside Wash Registered No. 240  
(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 1893 Armstrong (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21 1924  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
15 2 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Schoolboy  
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) Kennett Mo

FATHER 13. NAME Albert Lee Connet

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett Mo

MOTHER 15. MAIDEN NAME Dorothy Simpkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reading Mo

17. INFORMANT Dorothy Connet (ADDRESS) Kennett Mo

18. BURIAL CREMATION OR REMOVAL PLACE St. Joseph DATE Nov 1/19 1940

19. FUNERAL DIRECTOR (NAME) Geo F. Porter (ADDRESS) 15110

20. FILED Jan. 18 19 40 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 1940

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner on Jan 17, 19..... Death is said to have occurred on the date stated above, at 1:30 p.m.  
The principal cause of death and related causes of importance were as follows:

injury while sleigh riding  
Fracture of the skull  
Extradural and interstitial cerebral hemorrhage  
Other contributory causes of importance: terminal hypostatic bronchopneumonia

Name of operation ..... Date of .....  
What test confirmed diagnosis ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 1-15-1940  
Where did injury occur? K.P. Kane (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Called to park car  
Nature of injury while sleigh riding

24. Was disease or injury in any way related to occupation of deceased? If so, specify  
(Signed) W. H. Huber, M. D.  
(Address) K.C. 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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**