

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

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8031

Registration District No. 780

Primary Registration District No. 6028

Registrar's No. 9

1. PLACE OF DEATH:

- (a) County St. Genevieve Rural Jackson
- (b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2
- (d) Length of stay: In hospital or institution _____
(Specify whether _____)
- In this community _____
years, months or days

3. (a) PRINT FULL NAME ⁵⁶⁰ CHARLES ROBERT CONNER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 29 1940
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	15	hr. min.

9. Birthplace ST Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name William Conner

13. Birthplace Knobville Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Clara Denton

15. Birthplace Clinton Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature William Conner

(b) Address Bloomdale Mo

17. (a) Burial (b) Date thereof Feb 13 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home Cemetery

18. (a) Signature of funeral director W. C. Pasley

(b) Address St. Genevieve Mo

19. (a) Feb 12 1940 (b) T. W. Douglass
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Genevieve
- (c) City or town Rural
(If outside city or town limits, write "RURAL")
- (d) Street No. Jackson Township
(If rural, give location)
- (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12
year 1940 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from Feb 12, 1940, to Feb 12, 1940;
that I last saw him alive on Feb 12, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Notus Pneumonia

Duration
1 day

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? _____
(City or town) (County) (State)
- (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 Arthur E. Susauer (M. D. or other) _____
Address 546 Genevieve 1916 Date signed 2-2-40

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.....

Lea C. Bachelor....., Registered Apprentice No.....
working under my personal supervision.

Signed Lea C. Bachelor.....

Licensed Embalmer No. 1985.....

P. O. Address St. Genevieve 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, above space should be left blank.