V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18014

Registration District No. FILED JUN 2 0 1940 9

Primary Registration District No. 4058

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Hamilton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell

(c) City or town Hamilton (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. 3 miles east of Hamilton
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Hilleaton Connor 560

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 Married

6. (b) Name of husband or wife Luzetta Connor

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased August (Month) 31 (Day) 1855 (Year)

8. AGE: Years 84 Months 8 Days x If less than one day hr. min.

9. Birthplace Clairmont (City, town, or county) New Hampshire (State or foreign country)

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name Cornelius Connor
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Hodenia Barrett
15. Birthplace (City, town, or county) New Hampshire (State or foreign country)

16. (a) Informant Mrs Pearl Keeney
(b) Address Hamilton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Ridge

18. (a) Signature of funeral director G R Houghton
(b) Address Hamilton Mo 100

19. (a) May 3 1940 (Date received local registrar) (b) Merle Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1940 hour 31/30 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1928, to Apr 1, 1940
that I last saw him alive on May 1, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Dilatation of Heart	1 hr
Due to Arteriosclerosis	2
Chronic Myocarditis	2
Due to	
Other conditions (Include pregnancy within 3 months of death) 93 C	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature L M Daly (M. D. or other) 1
Address Hamilton Date signed 4/1/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number 640-935
Date Filed JUN 14 1940

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 L. R. Houghton, Registered Apprentice No. ....., working under my personal supervision.

Signed L. R. Houghton

Licensed Embalmer No. 3854

P. O. Address Hamilton 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.