

FILED FEB 14 1941

STANDARD CERTIFICATE OF DEATH

State File No. 2036

Registration District No. 109

Primary Registration District No. 5-162

Registrar's No. 997

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Rural Union Hill
(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)

(d) Length of stay: In hospital or institution No
(Specify whether years, months or days)

In this community 64 Years

3. (a) PRINT FULL NAME Woodson Anderson Connor

3. (b) If veteran name was Spanish American 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 Ada Connor 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased 5 (Month) 27 (Day) 1876 (Year)

8. AGE: Years Months Days If less than one day

64 7 22 hr. _____ min.

9. Birthplace Callaway Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name James Connor

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

14. Maiden name Catherine Gilmore
(City, town, or county) (State or foreign country)

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

16. (a) Informant Ada Connor
(b) Address Holt, s Summit, Missouri.

17. (a) Burial (b) Date thereof 1/21/1941
(Burial, cremation, or reinterment) (Month) (Day) (Year)

(c) Place: burial or cremation Union Hill

18. (a) Signature of funeral director Ray C Holt
(b) Address New Bloomfield, Missouri

19. (a) Jan 20-41 (b) Di Miller Rusk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

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

(d) Street No. One mile north Holt, s Summit.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19 year 1941 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from Jan 12, 1941, to Jan 19, 1941; that I last saw him alive on Jan 19, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Double Lobar Pneumonia Duration 6 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 5/10/41

Major findings: Of operations _____

Of autopsy Fr

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? _____

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

23. Signature E. Miller Rusk (M. D. or other) D
Address Holt, s Summit, Mo Date signed 1/20/41

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 Ray A. Holcomb
Licensed Embalmer No. 2605
P. O. Address New Bloomfield Pa

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.