

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.

Registration District No. 194105

Primary Registration District No. 4064

Registrar's No. 2

1. PLACE OF DEATH: CALLAWAY MOKANE
 (a) County CALLAWAY
 (b) City or town MOKANE
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (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 CALLAWAY
 (c) City or town MOKANE
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) D
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME NEWTON DAVID CONNOR
 3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

20. DATE OF DEATH: Month Feb day 10 1941
 year 11:30 P. hour _____ minute _____ M.

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 5. 1855
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 2 1934 to Feb 10 1941
 that I last saw him alive on Feb. 10 1941
 and that death occurred on the date and hour stated above.
 Immediate cause of death inter cerebral hemorrhage Duration 3 months
disseminated

8. AGE: Years 86 Months 0 Days 14 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

9. Birthplace MT. PLEASANT MILLER Co. MO.
 (City, town, or county) (State or foreign country)

Other conditions chronic nephritis 2 years
 (Include pregnancy within 3 months of death)

10. Usual occupation RETIRED FARMER

11. Industry or business _____
 MOTHER FATHER { 12. Name MARTIN CONNOR
 13. Birthplace MO.
 14. Maiden name ROSELEE WADLEY
 15. Birthplace MO.
 (City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mrs. Golda Connor
 (b) Address Mokane, Mo.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) BURIAL (b) Date thereof Feb. 12, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation MOKANE, MO
 18. (a) Signature of funeral director Glen Y. Maxpin
 (b) Address 700 Cant St. Fulton, Mo.

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

19. (a) 2-12-41 (b) 20. H. H. ...
 (Date received local registrar) (Registrar's signature)

23. Signature W. H. ... (M. D. or other) D
 Address Mokane Mo Date signed 2-10-41

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.....

Glen Y. Manspin

Licensed Embalmer No..... *2725*

P. O. Address..... *Fulton, 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.