

STANDARD CERTIFICATE OF DEATH

Registration District No. 318

Primary Registration District No. 2001

Registrar's No.

352

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 696 W. Turner
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 696 West Turner
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME MINNIE RUYLE CONNER

20. DATE OF DEATH: Month April day 25
year 1941 hour 4 minute 15 P. M.

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

21. I hereby certify that I attended the deceased from 3/31, 1941, to 4/25, 1941, that I last saw her alive on 4/25, 1941, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Married

Immediate cause of death Coronary Block Duration 3 hr

6. (b) Name of husband or wife J. C. Conner 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased May 31 1866 (Month) (Day) (Year)

Due to Coronary Occlusion

8. AGE: Years 174 Months 10 Days 24 If less than one day hr. _____ min.

Due to Infarction

9. Birthplace Unknown Ohio (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) None

10. Usual occupation House Wife
11. Industry or business in own home

Major findings: Of operations _____

12. Name Robert Smith

Of autopsy _____

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

14. Maiden name Harriet M. Clark

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

16. (a) Informant Miss J. E. Conner

(b) Address Springfield, Mo

17. (a) Rural (b) Date thereof April 27 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director W. E. Huddlestone

(b) Address Springfield, Mo.

19. (a) 4-27-41 (b) W. E. Huddlestone (Date received local registrar) (Registrar's signature)

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? Yes

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

Signature P. E. Feller (M. D. or other) D

Address Springfield Date signed 4/27/41

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

X23139

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 *Ogle Sloan Jr.*

Licensed Embalmer No. *4176*

P. O. Address *Springfield*

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.

X