. No. 2
I—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 11 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26692

State File No. ____

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 809

1. PLACE OF DEATH:
(a) County Buchanan,
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days, (Specify whether years, months or days)
In this community 6 years,

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Buchanan
(c) City or town Saint Joseph,
(If outside city or town limits, write "RURAL")
(d) Street No. 2728 Renick Street,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Laura Brown Connett,
3. (b) If veteran, name war None,
3. (c) Social Security No. None,
4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced Widowed,
6. (b) Name of husband or wife Squire S. Connett,
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased January 24th, 1866 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	6	21	____ hr. ____ min.

9. Birthplace Buchanan County, Missouri, (City, town, or county) (State or foreign country)
10. Usual occupation At Home,
11. Industry or business ____

MOTHER FATHER
12. Name Thomas J. Brown,
13. Birthplace Nodaway County, Missouri, (City, town, or county) (State or foreign country)
14. Maiden name Sarah E. Leonard,
15. Birthplace Buchanan County, Missouri, (City, town, or county) (State or foreign country)

16. (a) Informant Horace T. Connett
(b) Address 2728 Renick Street,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 18/42 (Month) (Day) (Year)
(c) Place: burial or cremation Sparta Cemetery,
18. (a) Signature of funeral director Weston Bethel Bowman Funeral Home
(b) Address 319 So. 10th Street,
19. (a) 8-18-42 (Date received local registrar) (b) Rae Hayes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15th. year 1942 hour 7:00 minute 20 p.m.
21. I hereby certify that I attended the deceased from Aug 11, 1942, to Aug. 15, 1942, that I last saw him alive on Aug 15, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetes Mellitus	?
Due to Intertrochanteric fracture of femur - right	4 days
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) Accident
(b) Date of occurrence 8-11-42
(c) Where did injury occur? St. Joseph (City or town) Buchanan (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? in home (Specify type of place)
While at work? ____ (e) Means of injury Fall
23. Signature S. B. Senor M.D. (M. D. or other)
Address St. Joseph Mo Date signed 8-15-42

1233 (Licensed Embalmer's Statement on Reverse Side)

OCT 27 1945

NOV 2 1945

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 Aug. 15, 19

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Wm. E. Summerfield

Licensed Embalmer No. 3407

P. O. Address 319 Hoio St. Joseph

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.