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V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1943 59

Registration District No. 59

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Primary Registration District No. 5220

Registrar's No. 159

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

19
0
0

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Lisle (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 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass 19 0

(c) City or town Lisle 0

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

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mattie L. Conner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEM

5. Color or race Wh

6. (a) Single, widowed, married, divorced 2 Widow

6. (b) Name of husband or wife

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

7. Birth date of deceased Mar. (Month) 10 (Day) 1868 (Year)

8. AGE: Years 75 Months 4 Days 9 If less than one day hr. min.

9. Birthplace Ottumwa (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name David Wilkinson
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Amazetta Day
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Fred Conner

(b) Address Raytown, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July (Month) 21 (Day) 43 (Year)

(c) Place: burial or cremation Kirksville, Mo

18. (a) Signature of funeral director G. D. Hartzler,

(b) Address East Lynne, Mo.

19. (a) Sept. 2, 1943 (Date received local registrar) (b) Margaret Volle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th year 1943 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from May 9th 1941 to July 19 1943 that I last saw her alive on July 18th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to General arterio-sclerosis with hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Dr. Ruth V. Andrews (Address of other)

Address Independence, Mo. Date signed 7/19/43

(Licensed Embalmer's Statement on Reverse Side)

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 A. D. Hartzler.

Licensed Embalmer No. 2717

P. O. Address East Lyme Me

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.