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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41591

Registration District No. 170 Primary Registration District No. 5626 Registrar's No.

1. PLACE OF DEATH:

(a) County LACLEDE

(b) City or town RURAL ELDREDGE TWP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ELDREDGE MO 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 ALWAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE 53

(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. ELDREDGE MO 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME WILLIAM C. CONN

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex MO

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARY J YOUNG

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased OCT (Month) 6 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	2	5	hr. min.

9. Birthplace LACLEDE Co (City, town, or county) MO 1 (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name A. E. CONN
13. Birthplace (City, town, or county) US 1 (State or foreign country)

MOTHER
14. Maiden name MARY J. BEARD
15. Birthplace (City, town, or county) US 1 (State or foreign country)

16. (a) Informant Mrs W. C. CONN
(b) Address ELDREDGE MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-13-45 (Month) (Day) (Year)
(c) Place: burial or cremation Hough CEM

18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON Mo

19. (a) 12-17-45 (Date received local registrar) (b) Ora H. Frankeberger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 11
year 1945 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 1st, 1945, to Dec. 11, 1945
that I last saw him alive on Nov. 10, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Rheumatic Nurites	3 months
Due to general artic Sclerosis	3 yrs
Due to	
Other conditions general Nervous Breakdown (Include pregnancy within 3 months of death)	

Major findings:
Of operations ✓
Of autopsy ✓ 97

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 0

23. Signature D. H. Carey (M. D. or other)
Address Lebanon Mo. Date signed 12-15-45

1463

(Licensed Embalmer's Statement on Reverse Side)

Received .....

Laclede County Health Unit

File No: 12-45-181

Date Filed 1/14/46

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 D. A. Palmer

Licensed Embalmer No. 1161

P. O. Address Lebanon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.