. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

153272

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16495

State File No.

FILED JUN 3 1946

Registration District No. 8

Primary Registration District No. 4230

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Howard

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

(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X

In this community About 55 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 45

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Julia Ann Connor

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female 3

5. Color or race Black

6. (a) ~~Single~~ widowed, ~~married~~, ~~divorced~~ Yes 21

6. (b) Name of husband or wife Ab Connor

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 80 | Months | Days | If less than one day hr. min.

9. Birthplace Forest Green (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housework

11. Industry or business X

MOTHER FATHER

12. Name Emmett Hayes

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

14. Maiden name Mary (last is unknown)

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

16. (a) Informant Mrs. Press Enyart

(b) Address Armstrong, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Roanoke Cemetery

18. (a) Signature of funeral director A H Oldaker

(b) Address Gano Missouri

19. (a) 5/16/46 (Date received local registrar) (b) Joe King (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day May 14 year 1946 hour 3 minute P M.

21. I hereby certify that I attended the deceased from 3/18, 1946, to May 14, 1946 that I last saw her alive on May 5, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Endarteritis	
Due to Arteriosclerosis	
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)

(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 W. M. Dickerson (M. D.)

Address Armstrong Mo Date signed 3/17/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-5-46

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 Mary Oldaker

Licensed Embalmer No. 3399

P. O. Address Armstrong, 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, fact should be so stated above.