

S. No. 2
A-5-42
5-17-39
PI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19097

State File No. _____

FILED MAY 16 1946
Registration District No. 324

Primary Registration District No. 3172

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Saline

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

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

(d) Length of stay: In hospital or institution One day
(Specify whether

In this community 6 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

(c) City or town Napton, Route # I
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Lester Connell

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male ; 5. Color or race White

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

6. (b) Name of husband or wife Frances Napton Connell 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March 23rd, 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>I</u>	<u>4</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph William Connell

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

14. Maiden name Elizabeth Smith

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

16. (a) Informant Mr. Frances N. Connell

(b) Address Napton, Mo. Route # I.

17. (a) Burial (b) Date thereof April 29, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smith Memorial cemetery

18. (a) Signature of funeral director Campbell Reine

(b) Address Marshall Mo

19. (a) 4-29-46 (b) Thos T. Guelcher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1946 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan. 4
1946, to 4-27- 1946
that I last saw him alive on 4-27- 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism sudden
2 min

Due to Coronary occlusion

Due to Hypertrophic Sclerosis 6 mo.
of liver

Other conditions _____
(Include pregnancy within 3 months of death)

Duration

sudden
2 min

6 mo.

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy 946

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature A. G. Pitman (M. D. or other) M.D.

Address Marshall Mo Date signed 4-29-46

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-21-46

MAR 24 1947

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

John A. Penick

Licensed Embalmer No. 1171

P. O. Address Marshall, 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.