

S. No. 2
M-2-43
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 7 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32665

State File No. _____

Registration District No. 16

Primary Registration District No. 5076

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Rural Richland Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5 1/2 miles south of Lamar, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 64 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

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

(d) Street No. 5 1/2 miles south of Lamar
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Tevis Conway McConnell

3. (b) If veteran, name war XXXXXX

3. (c) Social Security No. XXXXXX

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Martha E. Lewis McC.

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased July 17 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>3</u>	<u>2</u>	<u>X</u> hr. <u>X</u> min.

9. Birthplace Wichita Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER

12. Name John W McConnell

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

14. Maiden name Martha L. Davis

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

16. (a) Informant Mrs. Martha McConnell

(b) Address R 2 Lamar, Missouri

17. (a) Burial (b) Date thereof Oct 22 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Ceme. Lamar, Mo.

18. (a) Signature of funeral director Gibson Funeral Home

(b) Address 1201 Bdwy. Lamar, Missouri

19. (a) 10-20-46 (b) Hazel H. Pugh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18
year 1946 hour between minute 3 and 6:30 M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, AM.
that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Was found dead in bed about 6:30 A.M.

Due to _____

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

Major findings: 94A

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? no

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature C. E. Dierckx (M. D. or other) M.D.

Address Lamar Mo. Date signed 10/19/46

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

31493

RECEIVED

District Health Officer No. 6,

District File Number 10467093

Date Filed OCT 3-1 1946

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 ..... E. C. Gibson

Licensed Embalmer No. 4137

P. O. Address 1201 Bdwy Lamar, 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.