

S. No. 2
M-8-43
5-17-39
K37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37327

FILED NOV 19 1946

Registration District No. 150

Primary Registration District No. 4240

Registrar's No. 162

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Blue Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 50 yrs years, months or days

3. (a) PRINT FULL NAME Bertha E Conner
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FM 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Cash Conner 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased march 21-1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Decatur Ills
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business House wife
12. Name Jerry Rickette
13. Birthplace (unknown) Ills
(City, town, or county) (State or foreign country)
14. Maiden name Mary Johnson
15. Birthplace (unknown) Ills
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Luther Taylor
(b) Address Blue Springs Mo
17. (a) Burial (b) Date thereof 11-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Springs Mo
18. (a) Signature of funeral director Mrs G. B. Webb, Sr
(b) Address Blue Springs Mo

19. (a) 11-8-46 (b) Dorothy Threlkoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Blue Springs
(If outside city or town limits, write "RURAL") (If rural, give location)
(d) Street No. _____
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 7th year 1946 hour 8 minute 15 A.M.
21. I hereby certify that I attended the deceased from march 1946, to Nov 7 1946
that I last saw her alive on 11-6 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____
Due to Hypertension
Due to _____

Other conditions Arterial sclerotic heart disease
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy ABD
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? _____ (c) Means of injury 0
23. Signature M. P. Bay (M. D. of _____)
Address Blue Springs Date signed 11-7-46

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 RBlebb
Licensed Embalmer No. 2353
P. O. Address Blue Springs 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.