

FILED NOV 25 1947

Registration District No. **93**

Primary Registration District No. **4153**

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

1. PLACE OF DEATH:

(a) County **DADE**

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

(c) Name of hospital or institution:  
**LOCKWOOD MEMORIAL HOSPITAL**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 DAY** (Specify whether)

In this community **67 YEARS**  
years, months or days

3. (a) PRINT FULL NAME **JOHN EDWARD CONN**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **3** **DIVORCED**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **3** years

7. Birth date of deceased: **AUGUST 28 1880**  
(Month) (Day) (Year)

8. AGE: Years **67** Months **2** Days **17** If less than one day hr. min.

9. Birthplace: **DADE COUNTY MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business **FARMER**

MOTHER FATHER

12. Name **ROMAIN CONN**

13. Birthplace **WILKES BARRIE PENNSYLVANIA**  
(City, town, or county) (State or foreign country)

14. Maiden name **SARAH JANE HARRIS**

15. Birthplace **GREENCASTLE INDIANA**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Fred Conn**

(b) Address **Greenfield, Mo**

17. (a) **BURIAL** (b) Date thereof **11-16-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **GREENFIELD CEMETERY (CEDAR Co.)**

18. (a) Signature of funeral director **Jam & Penney**

(b) Address **Greenfield, Mo.**

19. (a) **11-20-47** (b) **Geo R. Newby**  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **DADE** **29**

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

(d) Street No. **5 MILES SOUTH OF JERICO SPRINGS**  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOVEMBER** day **14**  
year **1947** hour **8** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **11-12-1947 to 11-14-1947**  
that I last saw him alive on **11-14-1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary thrombosis**  
**thrombosis**

Due to

Due to

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

Major findings: Of operations **947**

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 **0**

23. Signature **P. D. Combs** (M. D. or other)

Address **Lockwood Mo** Date signed **11-17-47**

RECEIVED

District Health Officer No. 6;

District File Number 1147-1240

Date Filed 11-24-42

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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 Sam E. Gensemer Jr  
Licensed Embalmer No. 4099  
P. O. Address Greenfield, 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.**