

FILED APR 6 1948

Registration District No. 260

Primary Registration District No. 4257

Registrar's No. 10

1. PLACE OF DEATH:

(a) County New Madrid, Mo.
(b) City or town Marston, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1918. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid
(c) City or town Marston, Mo
(If outside city or town limits, write "RURAL") 72
(d) Street No. 72 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME WILLIAM ELLIOTT CONNOR.

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife LINA CONNOR. 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased JUNE 29 1896
(Month) (Day) (Year)

8. AGE: Years 61 Months 7 Days 22 If less than one day hr. min.

9. Birthplace New Madrid, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Self. None

11. Industry or business ✓

MOTHER FATHER

12. Name John Connor
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Annena Slane
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Ann Connor
(b) Address Marston, Mo.
17. (a) Burial (b) Date thereof 2/22-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Marston

18. (a) Signature of funeral director Richard Lind
(b) Address New Madrid, Mo.
19. (a) 3-20-48 (b) J.L. Bond
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
year 1948 hour 7:45 minute a.m.
21. I hereby certify that I attended the deceased from Dec 1st 1947, to Feb 20 1948
that I last saw her alive on Feb 18
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration 62nd

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 90% Of autopsy 90% 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?

While at work? (Specify type of place) (e) Means of injury D

23. Signature Charles W. Roney (M. D. or other) Address Marston, Mo. Date signed Feb 48

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

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 *Les H. Hays*
Licensed Embalmer No. 3803
P. O. Address New Madrid, 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.