DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 26 1948

Registration District No. 100

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6388

22699

State File No.

Registrar's No. 46

1. PLACE OF DEATH:

(a) County: Dent County

(b) City or town: Rural Township 35
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(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: 6 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Dent 33

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

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Dewey-Raymond-Connell

3. (b) If veteran, name war

3. (c) Social Security No. 498-01-1496

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife: Nellie Connell

6. (c) Age of husband or wife if alive: 38 years

7. Birth date of deceased: Oct (Month) 7 (Day) 1898 (Year)

8. AGE: Years 49 | Months 9 | Days 2 | If less than one day ___ hr. ___ min.

9. Birthplace: Phelps County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: William Connell
13. Birthplace: Unknown (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name: Lola Lane
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 4

16. (a) Informant: Nellie Connell
(b) Address: Salem Mo Route #4

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 11 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Adams Cemetery Phelps Co

18. (a) Signature of funeral director: Hobson & Grantham
(b) Address: Salem Mo.

19. (a) July 12-48 (Date received local registrar) (b) M. M. Hart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 approximately year 1948 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from July 10, 1948, to July 10, 1948 that I last saw him alive on ____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary heart disease	
Due to: —	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Attack while swimming.	
Major findings: 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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: M. M. Hart M.D. (M. D. or other) MD

Address: Salem Mo Date signed 7/12/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-19-48
District Health Officer No. 6
District File Number 748468
Date Filed 7-19-48

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 Edward T Broyles, Registered Apprentice No. 435 working under my personal supervision.

Signed Geo. A. Thomas

Licensed Embalmer No. 3472

P. O. Address Cuba, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.