S. No. 300
M—10-47
r. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 29 1948

Registration District No. 3007

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3007

State File No. 29009

Registrar's No. 318

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Poplar Bluff Hosp. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carter 1800

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Thos O'Conner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male O

5. Color or race White 2

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

6. (b) Name of husband or wife

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

7. Birth date of deceased About 1883 (Month) (Day) (Year)

8. AGE: Years About 65 | Months | Days | If less than one day hr. min.

9. Birthplace Chicago, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Farmer

FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant Wayne B O'Connor
(b) Address Le May, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation West Frankford, Illinois

18. (a) Signature of funeral director Frank Cotrell
(b) Address Poplar Bluff, Mo.

19. (a) 9-25-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept day 24 year 1948 hour 12:45 minute P. M.

21. I hereby certify that I attended the deceased from Sept 22, 1948, to Sept 24, 1948; that I last saw him alive on Sept 24, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage, left

Due to General arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature [signature] (M. D. or other)
Address Poplar Bluff Mo Date signed 9/24/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 948-1223
Date Filed 9-22-48

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 John M. Davies, Registered Apprentice No. 249, working under my personal supervision.

Signed Scott A. Corbett

Licensed Embalmer No. 3567

P. O. Address Poplar Bluff, 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.