

FILED FEB 25 1949

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

5240

State File No. ....

No. 300

10. 48

BIRTH NO. _____		REG. DIST. NO. <u>146</u>	PRIMARY REG. DIST. NO. <u>3569</u>	Registrar's No. <u>92</u>
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural (Brookings)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Brookings)</u>		
c. LENGTH OF STAY (in this place) <u>3 years</u>		d. STREET ADDRESS (If rural, give location) <u>10031 E. 70<sup>th</sup> Terrace</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10031 E. 70<sup>th</sup> Terrace</u>		d. STREET ADDRESS (If rural, give location) <u>10031 E. 70<sup>th</sup> Terrace</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>May</u> c. (Last) <u>Conner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 13 1949</u>		
5. SEX <u>Female</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 15, 1873</u>	9. AGE (in years last birthday) <u>75</u> 10. <u>10</u> 11. <u>28</u>
10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Cedar County Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Bart Hard</u>		13b. MOTHER'S MAIDEN NAME <u>Cerelda Hawkins</u>		14. NAME OF HUSBAND OR WIFE <u>Elijah Calvin Conner</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Omer Bart Conner</u> ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 wk</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic vascular disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from <u>22 Jan, 1949</u> , to <u>30 Jan, 1949</u> , that I last saw the deceased alive on <u>30 Jan, 1949</u> , and that death occurred at <u>7:45 P. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Paul G. Gattner MD</u>		23b. ADDRESS <u>Raytown Missouri</u>		23c. DATE SIGNED <u>Feb. 13 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Feb. 14, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hazeldell Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Clorado Springs Missouri</u>				
DATE REC'D BY LOCAL REG. <u>Feb 16-1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 354		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Raytown, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Clark Heger*

Licensed Embalmer No. 3983

P. O. Address Raytown, Missouri

**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.