

No. 300
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FILED MAR 7 1949

STANDARD CERTIFICATE OF DEATH

State File No. 5576

 BIRTH NO. 124 REG. DIST. NO. 215 PRIMARY REG. DIST. NO. 5783 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Miller</u> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Hancock (Richwoods Twp)</u> c. LENGTH OF STAY (in this place) <u>10 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hancock, Rural, Richwoods, Twp.</u> d. STREET ADDRESS (If rural, give location)	
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3. NAME OF DECEASED (Type or Print) a. (First) <u>Sadie</u> b. (Middle) c. (Last) <u>Connor</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 26, 1949</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>July 7, 1887</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u> </u> Mins. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Miller County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Oscar Ponder</u>	13b. MOTHER'S MAIDEN NAME <u>Jenny Chrisman</u>	14. NAME OF HUSBAND OR WIFE <u>William Connor</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William Connor Hancock, Missouri</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>5937</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis</u>		<u>years.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 Jan. 10, 1949, to Feb. 26, 1949, that I last saw the deceased alive on Feb. 25, 1949, and that death occurred at 4:00pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. A. Gould D.O.</u>	23b. ADDRESS <u>Iberia, Mo.</u>	23c. DATE SIGNED <u>3/2/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 1, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Iberia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Iberia, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 2-1949</u>	REGISTRAR'S SIGNATURE <u>Jessie Perkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter P. Nedges Iberia, Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Walter P. Hedges

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Iberia, 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.