

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

34395

State File No.

FILED NOV 14 1949

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 376

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY Marion	a. STATE Missouri		
b. CITY (If outside corporate limits, write RURAL and give town) Hannibal	b. COUNTY Marion		
c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) Hannibal		
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence 2825 Market		d. STREET ADDRESS (If rural, give location) 2825 Market Street	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) Hazel Isabel	b. (Middle)	c. (Last) Connour	(Month) November	(Day) 4,	(Year) 1949

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 8, 1897	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months 10 Days 26	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Pike County Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Cashman	13b. MOTHER'S MAIDEN NAME Sarah ^{nee} ed	14. NAME OF HUSBAND OR WIFE C.V. Connour
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME C.V. Connour	ADDRESS Hannibal Missouri
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u><i>Uremia</i></u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u><i>Chronic glomerulonephritis</i></u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Hannibal Marion MO.
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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?
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22. I hereby certify that I attended the deceased from August, 1949, to 4 Nov, 1949, that I last saw the deceased alive on 3rd Nov, 1949, and that death occurred at 6:35 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>M. A. Robinson</i>	(Degree or title)	23b. ADDRESS Hannibal Missouri	23c. DATE SIGNED Nov 7/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/7/49	24c. NAME OF CEMETERY OR CREMATORY Grandview	24d. LOCATION (City, town, or county) (State) Hannibal Missouri
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DATE REC'D BY LOCAL REG. Nov 8 1949	REGISTRAR'S SIGNATURE <i>W. M. Lucke</i>	FEDERAL DIRECTOR'S SIGNATURE <i>W. M. Lucke</i>	ADDRESS Hannibal Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

11 over

64
4

RECEIVED NOV 10 1949
MISSOURI HEALTH DEPT.
DATE FILED NOV 10 1949

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Student _____
Student Embalmer

Signed *John S. Ward*

Licensed Embalmer No. 4540

P. O. Address Hannibal 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.