

FILED FEB 20 1950

STANDARD CERTIFICATE OF DEATH

State File No. **3900**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>	
c. LENGTH OF STAY (in this place) <b>54 years</b>		d. STREET ADDRESS (If rural, give location) <b>505 N. 10th</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>505 N. 10th</b>		d. STREET ADDRESS <b>505 N. 10th</b>	

3. NAME OF DECEASED (Type or Print) <b>Bertha</b> <b>Worley</b> <b>Connor</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 2, 1950</b>		
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>widowed</b>	
8. DATE OF BIRTH <b>Sept. 10, 1869</b>		9. AGE (In years last birthday) <b>80</b>		IF UNDER 1 YEAR Months   Days   Hours   Min. <b>4   22</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (State or foreign country) <b>Wisconsin</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Fred Hanneman</b>		13b. MOTHER'S MAIDEN NAME <b>Sophia ****</b>		14. NAME OF HUSBAND OR WIFE <b>John Connor</b>	
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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) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Chas. DoBendo, St. Joseph, Mo.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diabetes mellitus</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>UNKNOWN</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>260X</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 16 OCT, 1949 to 2 FEB, 1950, that I last saw the deceased alive on 16 JAN, 1950 and that death occurred at 6: P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Clement P. [Signature]</b>		23b. ADDRESS <b>St. Joseph, Mo.</b>		23c. DATE SIGNED <b>3 Feb 50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2/4/1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>					

DATE REC'D BY LOCAL REG. <b>Feb. 10, 1950</b>		REGISTRAR'S SIGNATURE <b>E. C. Jenkins</b>		3825 FUNERAL DIRECTOR'S SIGNATURE <b>Heater Beaman</b>	
				ADDRESS <b>St. Joseph, Mo.</b>	

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

*Dr. Clement*

**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

*Eugene Wood*

Licensed Embalmer No. *3824*

P. O. Address *319 So 10th St. Joseph*

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.