REG'D JUL 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22219
Do not use this space.

1. PLACE OF DEATH
(a) County Johnson
(b) Township Warrensburg
(c) City
Registration District No. 431
Primary Registration District No. 5588
Registered No. 67
(d) Street No. , St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Maxwell McConnaughay
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillian E. McConnaughay
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 20 - 1868
7. AGE: Years 70 | Months 3 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrensburg Mo.

FATHER
13. NAME John McConnaughay
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Flemon Robbins Higginsville Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Hill DATE June 29 1938
19. FUNERAL DIRECTOR (NAME) Sweeney - Phillips
(ADDRESS) Warrensburg, Mo.
20. FILED June 29 1938 Reva Gentry Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27 1938
22. I HEREBY CERTIFY, That I attended deceased from June 15 1938, to June 27 1938
I last saw him alive on June 27 1938. Death is said to have occurred on the date stated above, at 9:05 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
82 121	
Other contributory causes of importance:	
Hypertention and Arteriosclerosis	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) P. L. Dolle, M. D.
(Address) 391 Holden Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed S. R. Sweeney

Licensed Embalmer No. 1121

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to . with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.