

LESD MAR 9 1939

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

5625  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Raw Primary Registration District No. 1002  
(c) City Jackson City (d) Street No. 4348 Registered No. 824  
(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.  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME

Samuel Martin McConnell  
(a) Residence, No. 4348 Genessee St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amanda McConnell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 2 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter & Decorator  
9. Industry or business in which work was done, as law mill, bank, etc. Decorating  
10. Date deceased last worked at this occupation (month and year) Nov. 38 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oxford Indiana

FATHER 13. NAME Andrew McConnell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Phoebe Ink

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Mrs. G. Charvat 4348 Genessee

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Feb. 24, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. Newcomer's Son Brushcreek, Pa.

20. FILED 24 1939 M. M. Brown Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1939, 19...  
I last saw Deputy Coroner on Feb. 22, 1939. Death is said to have occurred on the date stated above, at 5:15 P.M.  
The principal cause of death and related causes of importance were as follows:

Benign prostatic hypertrophy  
Acute & chronic urinary retention  
Ascending pyelonephritis 137  
Date of onset

Other contributory causes of importance:

Name of operation Date of operation  
What test confirmed diagnosis? Was there an autopsy? Yes

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? If so, specify

(Signed) Deputy Coroner M. D.  
(Address) Genessee, Pa.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 .....

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

Signed.....

Licensed Embalmer No.....

*George M. Collier*  
3839

P. O. Address.....

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

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