FILED MAR 7 - 1940

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

7170
Do not use this space.

1. PLACE OF DEATH
(a) County Lawrence (b) Township Greene
Registration District No. 469
Primary Registration District No. 3-632
Registered No. 5
(c) City ..... (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 Mary Francis Conner
(a) Residence, No. Miller Mo. R.R. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8-6-1860
7. AGE: Years 79 Months 6 Days 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At home
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): Tenn.

FATHER
13. NAME: Solmon McGehee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER
15. MAIDEN NAME: Juda Dryor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Mrs. Cecil Kingsley, Miller Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Velet Ka Okla DATE 2-28-1940
19. FUNERAL DIRECTOR (ADDRESS): Morgan & Lemon, Miller Mo.
20. FILED 3-1 1940 W. L. Burns Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-28- 1940

22. I HEREBY CERTIFY, That I attended deceased from 2-1, 1940 to 2-28, 1940
I last saw h. alive on 2-15, 1940 Death is said to have occurred on the date stated above, at 5:25 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
92W	

Other contributory causes of importance:

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? .....
If so, specify .....
(Signed) W. L. Burns, M. D.
(Address) Miller, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-20-37 I X12004

RECEIVED
District Health Officer No. 6,
District File Number 340-646
Date Filed MAR 5 1940

STATEMENT BY LICENSED EMBALMER

I, G. R. Lemon, Licensed Embalmer No. 3297

hereby certify that the body recorded on the reverse side of this certificate was ~~embalmed by~~ Not Embalmed

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed G. R. Lemon

Licensed Embalmer No. 3297

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.)