

FILED MAY 17 1940
804

State File No. _____

Registration District No. 804

Primary Registration District No. 5003

Registrar's No. 92

1. PLACE OF DEATH:
(a) County Adair Polk Twp
(b) City or town Greentop Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Eleven years (Specify whether) _____
years, months or days) _____

3. (a) PRINT FULL NAME Martha M. Connell
8. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex female 5. Color White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Feb. 22 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 2 4 _____ hr. _____ min.

9. Birthplace Benterville Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation farm home

11. Industry or business _____

MOTHER FATHER
12. Name Lewis M. Connell
13. Birthplace Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca Daniels
15. Birthplace Chillicothe Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Fred M. Coy
(b) Address Greentop Mo

17. (a) Burial (b) Date thereof 4-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greentop Cemetery

18. (a) Signature of funeral director Dee Riley
(b) Address Kirksville Mo

19. (a) 4-29-40 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Greentop Mo - P. F. D.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1940 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 25 1940, to April 26 1940
that I last saw him alive on April 25 1940
and that death occurred on the date and hour stated above.

Immediate cause of death labor pneumonia

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

3 _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature R R Ellis (M. D. or other)
Address Kirksville Mo Date signed 4-27-40

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

RECEIVED

District Health Officer No. 10

District File Number 5-40-1082

Date Filed MAY 16 1940

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.....

Laura Riley, Registered Apprentice No. 3907
working under my personal supervision.

Signed Laura Riley
Licensed Embalmer No. 3907
P. O. Address Keokuk Mo

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, above space should be left blank.