

Registration District No. 207

Primary Registration District No. 4125-

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Plattsburg
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Katie Adams Connor

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Daniell Connor 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased 4 12 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Patrick Adams

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name not known - Slack

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John O'Connor

(b) Address Plattsburg Mo.

17. (a) Burial (b) Date thereof Jan 27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plattsburg Mo.

18. (a) Signature of funeral director O'Brien, Lyon
(b) Address Plattsburg Mo

19. (a) Jan 27-41 (b) Burrier, Chaitan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton
(c) City or town Plattsburg
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25
year 1941 hour 1 minute 45 AM.

21. I hereby certify that I attended the deceased from Jan 20 1941 to Jan 25 1941;
that I last saw her alive on Jan 24 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 5 da.

Due to Hypertension 1 yr

Due to _____

Other conditions 926
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
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? _____

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

23. Signature W. B. Spalding (M. D. or other) MD
Address Plattsburg Mo. Date signed 1/27/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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 *Danell D. Lynn*

Licensed Embalmer No. 3640

P. O. Address *Plattsburg 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.