

APR 15 1941

Registration District No. 609

Primary Registration District No. 5808

Registrar's No. 36

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00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Newton
(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 2 1/2 years
years, months or days

3. (a) PRINT FULL NAME Emma S. McConnell

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 Osceola McConnell

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March 29 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 0

If less than one day hr. _____ min. _____

9. Birthplace Newton County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name W. J. M. Bridges

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

14. Maiden name Unknown

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

16. (a) Informant Osceola McConnell

(b) Address R # 1, Newton

17. (a) Burial (b) Date thereof April 1 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stony Point Cem

18. (a) Signature of funeral director Walt at Und C

(b) Address Walt at Und C

19. (a) 3-31-41 (b) Emat B. Salemba
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Newton
(If outside city or town limits, write "RURAL")

(d) Street No. R # 1
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1941 hour 7 minute 0 M.

21. I hereby certify that I attended the deceased from Dec 1940 to Mar 29 1941
and that death occurred on the date and hour registered above.

Immediate cause of death Carcinoma of Prostate

Due to _____

Due to 46

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

Major findings: _____

Of operations None

Of autopsy None

Duration _____

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? _____

5113

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. H. Reynolds (M. D. or other) _____

Address Newton Mo Date signed 3-31-41

RECEIVED

District Health Officer No. 6,

District File Number 441-61 **b**

Date Filed 4-1-41

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

Signed Clayton M. Johnston
Licensed Embalmer No. 3,922
P. O. Address Webb City, 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, fact should be so stated above.