

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12302

Registration District No. 862

Primary Registration District No. 8135-

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Texas
(b) City or town Rural
(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 5 yrs
In this community 5 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas
(c) City or town Rural
(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. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1941 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from 2-4
1941 to 3-23 1941
that I last saw her alive on 3-15 1941
and that death occurred on the date and hour stated above.

Immediate cause of death coronary atherosclerosis

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

786
While at work _____
(Specify type of place) (a) Means of injury _____

23. Signature J. S. Robertson (M. D. or other) _____
Address Cabool Mo Date signed 3-24-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME Glenola Conn

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Charles Conn 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Feb 6 1882
(Month) (Day) (Year)

8. AGE: Years 59 Months 1 Days 17
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Albert Hardman

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

14. Maiden name Martha Goddwin

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

16. (a) Informant Charlie Conn

(b) Address Cabool Mo.

17. (a) removal (b) Date thereof March 26 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Delphes Kansas

18. (a) Signature of funeral director Sayles V. Elliott

(b) Address Cabool Mo.

(a) Mar 24 (b) Mrs. Clara Cunningham
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 5,

District File Number 441462

Date Filed _____

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 _____

Taylor V. Elliott

Licensed Embalmer No. 2252

P. O. Address Cabool 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.