No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 23 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15985

Registration District No. 804 Primary Registration District No. 6049 Registrar's No.

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

1. PLACE OF DEATH: (a) County Schuyler Co
(b) City or town Country Home. 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 years, months or days)
In this community 30 yr.

2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County Schuyler
(c) City or town Greentop 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.? years.

3. (a) PRINT FULL NAME LeRoy McConnell
3. (b) If veteran, name war
3. (c) Social Security No. 490.10.7706
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Opal McConnell
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased 12 (Month) 11 (Day) 1884 (Year)
8. AGE: Years 56 Months 3 Days 5 If less than one day hr. min.
9. Birthplace Knox Counry (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Lewis McConnell
FATHER 13. Birthplace Indiana (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary E. Henling
MOTHER 15. Birthplace Knox Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Opal McConnell
(b) Address Grenntop Mo. Rural
17. (a) Burial Cemt (Burial, cremation, or removal) (b) Date thereof 3-18-40 (Month) (Day) (Year)
(c) Place: burial or cremation Greentop Cemt.
18. (a) Signature of funeral director
(b) Address Kirksville Mo.
19. (a) Mch 17 (Date received local registrar) (b) Mrs O P Farrington (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16 year 1941 hour 5: minute 30 P.M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death Found Dead. Cause of death not known.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address Greentop, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-41-880
Date Filed MAY - 8 1941

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 D E Riley

Licensed Embalmer No. 4181

P. O. Address Kirksville

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.