

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

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
FILLED SEP 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29539

Registration District No. 821

Primary Registration District No. 4553

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott
(c) City or town Sikeston
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15
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
Politis
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?

(Specify type of place)
While at work (e) Means of injury
23. Signature [Signature] (M. D. or)
Address Date signed

3. (a) PRINT FULL NAME Harold Lee McConnell

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

4. Sex Male 5. Color or race 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 July 2 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 13 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name Athel McConnell

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

14. Maiden name Maggie Reynolds (State or foreign country)

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

16. (a) Informant Athel McConnell

(b) Address Sikeston, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-16-41 (Month) (Day) (Year)
(c) Place: burial or cremation Bernie, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Sikeston, Mo.

19. (a) 9-3-41 (Date received local registrar) (b) [Signature] (Registrar's signature)

742 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 941-1235

Date Filed 9/2/47

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.

Body not embalmed

Signed *H. Welsh*

Licensed Embalmer No. 774

P. O. Address *Sikiston, N.*

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.