

DEC 15 1941

Registration District No. 318

Primary Registration District No. 2001

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

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
440 S. Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 Years (Specify whether
In this community 36 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 440 S. Main
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1
year 1941 hour 10 minute 10 a.m.
21. I hereby certify that I attended the deceased from July 1941 to 11/1 1941
that I last saw him alive on 10/28 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Duration 2

3. (a) PRINT FULL NAME Mattie E. McConnell

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Milton C. McConnell 6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased Feb. 17 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name James H. Firestone
13. Birthplace McMinnville Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Mary Thurman
15. Birthplace Franklin County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Milton C. McConnell
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Nov. 3 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Brookline, Mo.

18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 11-3-41 (b) W. E. Handley, M.D.
(Date received local registrar) (Registrar's signature)

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

Signature W. B. Lemmon (M. D. or other) M.D.
Address Springfield, Mo. Date signed 11/14 1941

PHYSICIAN
Underline the cause to which death should be charged statistically.

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(Licensed Emballer's Statement on Reverse Side)

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 *M. J. Canaday*

Licensed Embalmer No. *3434*

P. O. Address *Springfield, 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.

X