

No. 2  
-1-4-41  
5-17-39  
I X26390

State File No. ....

Registrar's No. ....

Registration District No. C 11

Primary Registration District No. 4365

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

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Seneca *Town*  
(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 11 Years / (Specify whether years, months or days)

In this community 11 Years / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Newton *073*

(c) City or town Seneca *4*  
(If outside city or town limits, write "RURAL") *5*

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) *0*  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charley Carson Conner

3. (b) If veteran, name war Worlds War

3. (c) Social Security No. 500-09-4710

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27  
year 1941 hour 4 P.M. minute \_\_\_\_\_

21. I hereby certify that I attended the deceased from Aug 1  
1941 to Nov 27 1941  
that I last saw him alive on 26<sup>th</sup> Nov 1941  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Zada Riggs Conner

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Feb 10 1887  
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis 4 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 13 1/2

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day

54 9 17 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Common Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Thomas A. Conner

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

14. Maiden name Elizabeth Dunsmore

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Charley Conner

(b) Address Seneca, Mo.

17. (a) Burial (b) Date thereof 11 29 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seneca, Mo.

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

(b) Address Seneca, Mo.

19. (a) 12/1/41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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 Y

23. Signature [Signature] (M. D. or other) D.O.

Address Y.P. Box 294 Seneca Date signed 11-28-41

RECEIVED

District Health Officer No. 6

District File Number 1241-1776

Date Filed DEC 5 1949

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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 James W. Buffard  
Licensed Embalmer No. 4215  
P. O. Address Seneca, 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.**