

FILED JAN 22 1942  
Registration District No. **326**

Primary Registration District No. **5456**

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

**1. PLACE OF DEATH:**  
(a) County Grundy  
(b) City or town Rural Franklin Township  
(If outside city or town limits, write "RURAL" and name of township)  
(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 87-10-13 (Specify whether years, months or days)

9. (a) PRINT FULL NAME Larkin Dolphin Connell  
3. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Martha Louise Schuler 6. (c) Age of husband or wife if alive 84 years  
7. Birth date of deceased Jan 26 1854  
(Month) (Day) (Year)

8. AGE: Years 87 Months 10 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Grundy Co. Mo. U  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

**MOTHER** { 12. Name Andrew Jackson Connell  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)

**MOTHER** { 14. Maiden name Martha Ashbrook  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Connell  
(b) Address Spickard Mo

17. (a) Burial (b) Date thereof Dec 11-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bethel Cem. Grundy Co. Mo.

18. (a) Signature of funeral director Ans E. Schuler  
(b) Address Spickard Mo

19. (a) Dec 11, 1941 (b) Mrs. Wilbur Vaughn  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Grundy  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Franklin Township  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month Dec day 9  
year 1941 hour 10 minute 30 AM.

21. I hereby certify that I attended the deceased from November 1, 1941 to December 9, 1941  
that I last saw him alive on December 9, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral In-sufficiency  
Due to chronic bronchitis  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 926  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 1  
23. Signature J. M. E. Clauser (M. D. or other) M.D.  
Address Spickard Mo Date signed Dec 11, 1941

APR 12 1896

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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.....

*Roscoe Wise*

Licensed Embalmer No. *3771*

P. O. Address.....

*Spickard St*

**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.**