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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6373

FILED MAR 19 1942

Registration District No. 243 Primary Registration District No. 3014 Registrar's No. 48

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

26
5
4

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Prison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Not known
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Missouri State Prison
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME FRED J. CONNOR (33633)

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

4. Sex M 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 March (Month) 7th (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
67	11	7	hr. min.

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

10. Usual occupation Unknown

11. Industry or business _____

MOTHER FATHER
12. Name Unknown
13. Birthplace _____ (City, town, or county) 9 (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mo. State Prison Records
(b) Address Jefferson City, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 20, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Kirksville, Mo

18. (a) Signature of funeral director TANNER FUNERAL SERVICE
(b) Address 700 Jefferson Dawson & Tanner

19. (a) 2-20-42 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Februaty day 14th year 1942 hour 7 minute 35 P.M.

21. I hereby certify that I attended the deceased from Jan. 14th, 1942 to Feb. 14th, 1942; that I last saw him alive on Feb 14th, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Labor Pneumonia Bilateral	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations _____
Of autopsy 108

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 R S Russell (M. D. or other)
Address Mo State Prison Date signed 2-14-42

(Licensed Embalmer'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.....

Licensed Embalmer No. 3641

P. O. Address.....

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.