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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUL 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21209

State File No. _____

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 457

19
2
6

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 222 E. Chestnut 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene ³⁹

(c) City or town Springfield (If outside city or town limits, write "RURAL") ²

(d) Street No. 222 E. Chestnut (If rural, give location) ⁶

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME LYDIA OLLIE M^o CONNELL

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

4. Sex Female 1. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William M^o Connell 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased February 12 1859 (Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 7 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER

12. Name James Kerr

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

14. Maiden name Urb. Patterson

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

16. (a) Informant James A. M^o Connell

(b) Address 222 E. Chestnut, Springfield, Mo.

17. (a) Burial (b) Date thereof 6/20/42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greene

18. (a) Signature of funeral director Fred. C. Thomas

(b) Address Springfield, Mo.

19. (a) 6/20/42 (b) W. S. Handley (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 1942
year 1942 hour 3 minute P M.

21. I hereby certify that I attended the deceased from Jan 1-42
1942 to June 19, 1942
that I last saw her alive on June 19, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bright's disease of kidneys, heart complication

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 12/8

Major findings: _____

Of operations _____

Of autopsy no

Duration

5 yrs

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? _____

While at work? no (Specify type of place) (e) Means of injury _____

23. Signature J. F. Kerr (M. D. or other) _____

Address Springfield, Mo. Date signed June 20

984 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED BY BILLY JACOBY

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.....

Was not Embalmed

Registered Apprentice No.....

working under my personal supervision.

Signed.....

R. H. Greene

Licensed Embalmer No.....

3681

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.

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