

FILED OCT 9 1942

Registration District No. 233

Primary Registration District No. 5858

Registrar's No.

74
8
0

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

1. PLACE OF DEATH:

(a) County: *Nodaway*

(b) City or town: *Graham Rural*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: *None*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: *None*
(Specify whether years, months or days)

In this community: *None*
years, months or days

3. (a) PRINT FULL NAME: *John Avery Conner*

3. (b) If veteran, name war: _____

3. (c) Social Security No.: _____

4. Sex: *M* 5. Color or race: *W*

6. (a) Single, widowed, married, divorced: *1m*

6. (b) Name of husband or wife: *Anna Bell M. Conner*

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

7. Birth date of deceased: *Feb 19 1858*
(Month) (Day) (Year)

8. AGE: Years: *84* Months: *6* Days: *19*
If less than one day hr. min.

9. Birthplace: *New Palestine* *Ind.!*
(City, town, or county) (State or foreign country)

10. Usual occupation: *Farmer*

11. Industry or business

MOTHER FATHER

12. Name: *Moses Conner*

13. Birthplace: *Ind.!*
(City, town, or county) (State or foreign country)

14. Maiden name: *Aliston Conner* *H. Park*

15. Birthplace: *Ind.!*
(City, town, or county) (State or foreign country)

16. (a) Informant: *Anna B. Conner*

(b) Address: *Graham Missouri*

17. (a) *Burial* (b) Date thereof: *9-42*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: *Kyle Cemetery Near Graham*

18. (a) Signature of funeral director: *Campbell Funeral Home*

(b) Address: *95-1 South Main Maryville Mo*

19. (a) *Sept. 9-1942* (b) *Mr. Ralph Scott*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: *Missouri* (b) County: *Nodaway*

(c) City or town: *Graham*
(If outside city or town limits, write "RURAL")

(d) Street No.: *Rural*
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: *Sept.* day: *8-1942*
year: _____ hour: *2* minute: *A* M.

21. I hereby certify that I attended the deceased from *March 25* 19*40* to *Sept. 8* 19*42*
that I last saw him alive on *Sept. 7* 19*42*
and that death occurred on the date and hour stated above.

Immediate cause of death: *arteriosclerosis and myocardial degeneration*

Due to: _____

Due to: _____

Other conditions: *9.3d*
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations: _____

Of autopsy: *none made*

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? _____

White at work? _____ (Specify type of place)

(e) Means of injury: _____

23. Signature: *E. M. Findley* (M. D. or other) *MD*
Address: *Graham Mo.* Date signed: *9/9/42*

Scott

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 William Campbell

Licensed Embalmer No. 2620

P. O. Address Maryville 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.