

FILED OCT 14 1942 297

Registration District No.

Primary Registration District No. 3057

Registrar's No. 66

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Richmond
(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..... (Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ray
(c) City or town Richmond
(If outside city or town limits, write "RURAL")
(d) Street No. 206 Whitmer
(If rural, give location)
(e) Citizen of foreign country? 2nd
If yes, name country Tennessee U.S.A

3. (a) PRINT FULL NAME WILLIAM ALEXANDER CONNER
(b) If veteran, name war..... (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct 4th day.....
year 1942 hour 11:55 minute..... M.

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mrs. Alexander Conner 6. (c) Age of husband or wife if alive 70.69 years
7. Birth date of deceased JULY 16, 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 20, 1942, to....., 19.....
that I last saw him..... alive on....., 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

8. AGE: Years 74 Months 02 Days 18 If less than one day..... hr..... min.

Cerebral Hemorrhage
Due to arterio-sclerosis
Due to.....

9. Birthplace Tennessee (City, town, or county) (State or foreign country)
10. Usual occupation COAL MINER

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations.....
Of autopsy.....

11. Industry or business Mine Foreman
12. Name George CONNER
13. Birthplace VIRGINIA (City, town, or county) (State or foreign country)
14. Maiden name SALLY HICKMAN
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

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.....

16. (a) Informant George A. Conner
(b) Address Richmond Mo
17. (a) Burial (b) Date thereof October 6, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SUNNY Slope
18. (a) Signature of funeral director J. A. Brothers
(b) Address 302 EAST MAIN, RICHMOND, MO.
19. (a) Oct. 5, 1942 (b) Mrs. Clara Sheppard
(Date received local registrar) (Registrar's signature)

23. Signature J. E. Jay (M. D. or other) MD
Address Richmond Mo Date signed 10-5-42

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

89
1
1

lian

#1

RECEIVED

District Health Officer No. 8,

10-13-42

YORK UNDER A MAINTENANCE

STREET

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

[Handwritten Signature]

Registered Apprentice No.

working under my personal supervision.

Signed

Brothers Funeral Home

Licensed Embalmer No.

2001

P. O. Address

RICHMOND, 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.