

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40084

State File No.

FILED JAN 13 1943

Registration District No.

Primary Registration District No. 3000

Registrar's No. 341

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grim-Smith Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 30 minutes
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102
(c) City or town Leonard
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME "Infant" McConnell

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

4. Sex Male 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 January 1 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day hr. 30 min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Alvin Leon McConnell
13. Birthplace Shelby Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Frances Ravpholtz
15. Birthplace Lewis Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Alvin Leon McConnell

(b) Address Leonard, Mo.

17. (a) Burial (b) Date thereof 1-1-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LaBelle Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Kirkville, Mo.

19. (a) Jan. 4 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1
year 1943 hour 9:00 minute A: M.

21. I hereby certify that I attended the deceased from Jan. 1
1943, to Jan. 1, 1943
that I last saw him alive on Jan. 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death congestive pulmonary edema
due to myocardial infarction

Due to _____

Due to _____

Other conditions 15 AM
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature [Signature] (M. D. or other) _____

Address Kirkville Mo Date signed 1-4-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1049

RECEIVED

District Health Officer No. 10

District File Number 10-43-89

Date Filed JAN 11 1943

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 Der Ruler

Licensed Embalmer No. 4181

P. O. Address Washville 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.