No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 28 1943

Registration District No. 8

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 21360

Registrar's No. 463

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: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hrs (Specify whether
In this community 12 hours years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dade
(c) City or town Greenfield
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No. 1 years.

3. (a) PRINT FULL NAME Emery A. McConnell
3. (b) If veteran, name war None
3. (c) Social Security No. NONE
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertie McConnell
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased July 23 (Month) 1904 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
38	10	12	hr. min.

9. Birthplace Seybert (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Service Station Operator
11. Industry or business Gasolene
FATHER
12. Name J. J. McConnell
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)
MOTHER
14. Maiden name Maude Hembree
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Howard McConnell
(b) Address Greenfield, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-43 (Month) (Day) (Year)
(c) Place: burial or cremation Greenfield, Missouri.
18. (a) Signature of funeral director Ward Funeral Home
(b) Address Greenfield, Missouri.
19. (a) 6-7-43 (Date received local registrar) (b) D. W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 5 day 5
year 1943 hour 12 30 minute Am
21. I hereby certify that I attended the deceased from 6-4, 19__, to 6-5, 1943
that I last saw him alive on 6-4, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro-spinal meningitis
Due to Infection
Due to Pneumococcus
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Extensive sinus infection, bilateral
Of autopsy

Duration

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 [illegible] (M. D. or other)
Address Med Arts Date signed 6-7-43

984 (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 Sam E. Sensenney Jr

Licensed Embalmer No. 4099

P. O. Address Greenfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.