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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21730

State File No. _____

Registrar's No. 112

Registration District No. 169

Primary Registration District No. 4260

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

1. PLACE OF DEATH:

(a) County Kent

(b) City or town Baring
(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 2 mo years, months or days

3. (a) PRINT FULL NAME THOMAS CONNELL

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 Widowed

6. (b) Name of husband or wife Mary Connell 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 6 1852
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>5</u>	<u>27</u>	hr. _____ min.

9. Birthplace Hampshire Eng, 4
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ✓

MOTHER FATHER

12. Name Michael Connell

13. Birthplace see 4
(City, town, or county) (State or foreign country)

14. Maiden name Judith Hogan

15. Birthplace see 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frank Cody
(b) Address Baring Mo.

17. (a) Burial (b) Date thereof May 31 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Fortis R. Enright
(b) Address Baring Mo.

19. (a) June 7-1943 (b) Nelle Northcutt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 52

(a) State Mo. (b) County _____

(c) City or town Brunswick 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Eng. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1943 hour 11 minute 30 p. M.

21. I hereby certify that I attended the deceased from April 1943 to May 28 1943; that I last saw him alive on May 28 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Senescent Atherosclerosis

Due to Senility

Due to 97

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

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? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. C. Sedgwick (M.D. or other) 7
Address Baring Mo. Date signed 5/29/43

1142

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 6-43-1116

Date Filed JUN 16 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 Foster P. Enclay

Licensed Embalmer No. 1146

P. O. Address Brasher, 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.