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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

JUL 6 1943
Registration District No. 863

Primary Registration District No. 5653

Registrar's No. 113

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town St. Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo State San M. Vernon Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 67 days
In this community 67 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis Co
(c) City or town Attn Ferguson
(If outside city or town limits, write "RURAL.")
(d) Street No. RR 10 (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country.....

3. (a) PRINT FULL NAME Ann Elizabeth McConnell

3. (b) If veteran, name war No
3. (c) Social Security No. 497-10-1846

4. Sex Female 5. Color White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive 29 years (Day) (Year)
7. Birth date of deceased July 29 1911
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 22
year 1943 hour 3:10 A.M. minute 3:10 A.M.

21. I hereby certify that I attended the deceased from April 16 1943 to June 22 1943 that I last saw her alive on June 21 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis
Duration 12 yrs

8. AGE: Years Months Days If less than one day
31 10 24 hr. min.

Due to.....
Due to.....

9. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

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

10. Usual occupation Telephone Operator

11. Industry or business.....

12. Name Joseph M. McConnell

13. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary Corrigan

15. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Michael Record Club
(b) Address Mo State San M. Vernon Mo

17. (a) Removal (b) Date thereof June 23 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Louis Mo

18. (a) Signature of funeral director H. D. Housette
(b) Address Mo Vernon Mo

19. (a) 6-25-43 (b) Audrey Crawford
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Underline the cause to which death should be charged statistically.
1381

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 Esther E. Callinan (M. D. or other)
Address Mo State Sanatorium Date signed 6-22-43

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

MOTHER FATHER

RECEIVED
District Health Officer No. 6,
District File Number 743-819
Date Filed JUL 1 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 Max S. Fossett
Licensed Embalmer No. 4252
P. O. Address Mt. Vernon, 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.