

Registration District No. 274

Primary Registration District No. 3052

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
414 E 7
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 414 E 7
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME James Charles Connor

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bess Connor 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March 17 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 3 3 _____ hr. _____ min.

9. Birthplace Pettis Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Justice Of Peace

12. Name Patrick Connor

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

14. Maiden name Unknown

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

16. (a) Informant Mrs J.C. Connor

(b) Address Sedalia Mo.

17. (a) burial (b) Date thereof June 22 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Molaughlin Bros.

(b) Address Sedalia Mo.

19. (a) 6/22/43 (b) Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 20 day 1943
year 1943 hour — minute A. M.

21. I hereby certify that I attended the deceased from June 20 43 to June 20 43, 19____;
that I last saw him alive on June 20 43, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: g2 d
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)
Means of injury —

23. Signature J. P. Hutchins (M. D. or other) _____

Address Sedalia Mo. Date signed June 22 43

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

30
6
4

MOTHER FATHER

JUL 2 1943

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-30-43

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.