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

3. No. 2
9-4-41
5-17-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25588**

FILED JUL 30 1943 239

Registration District No. **239** Primary Registration District No. **58254356** Registrar's No. **4356**

1. PLACE OF DEATH: **New Madrid**
 (a) County **Parma**
 (b) City or town **Parma**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **None** (Specify whether
 In this community **3 yrs** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **New Madrid**
 (c) City or town **Parma**
(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 **J. M. McConnell**
 3. (b) If veteran, **No** name war **No** 3. (c) Social Security No. **No**

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 **Aug. 2 1861**
(Month) (Day) (Year)

8. AGE: Years **81** Months **10** Days **22** If less than one day _____ hr. _____ min.

9. Birthplace **Masselin Ohio State 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business _____

12. Name **George McConnell**

13. Birthplace **Masselin Ohio 1**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. D. W. Ball**
 (b) Address **Parma Mo.**

17. (a) **Burial** (b) Date thereof **June 27-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Stanhield Cemetery**

18. (a) Signature of funeral director **Watkin Fun Service**
 (b) Address **Parma Mo.**

19. (a) **June 27/43** (b) **Ms. S. B. Rademacher**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **24**
 year **43** hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from **June 20**, 19**43** to **June 24**, 19**43**
 that I last saw him alive on **June 27**, 19**43**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**
 Due to **hypertension**
 Due to _____
 Other conditions (include pregnancy within 3 months of death) **J3a**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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)
 (c) Means of injury **D**
 23. Signature **Geo. W. Husted** (M. D. or other) _____
 Address **Parma** Date signed **6/26/43**

103.8 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2

District File Number 713-949

Date Filed 7-23-43

Alb...
1891

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 *Hunter Albright*

Licensed Embalmer No. *4210*

P. O. Address *5 Kingston*

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.