

FILED FEB 10 1944

Registration District No. **25**

Primary Registration District No. **4036**

Registrar's No. **81**

1. PLACE OF DEATH:

Bates

(a) County **Bates**
(b) City or town **Rich Hill Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community **lifetime**
years, months or days)

3. (a) PRINT **John A Connelly**
FULL NAME

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

4. Sex **male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Anna Connelly** 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased **July 1 1882 (1882)**
(Month) (Day) (Year)

8. AGE: Years **61** Months **6** Days **11** If less than one day hr. min.

9. Birthplace **Rich Hill Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Insurance agent**

11. Industry or business

MOTHER FATHER { 12. Name **Humphrey Connelly**
13. Birthplace **Ireland**
14. Maiden name **Catherine Hagerty**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna Connelly**
(b) Address **Rich Hill Missouri**

17. (a) **Burial** (b) Date thereof **1/18/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenlawn Cemetery Booths**

18. (a) Signature of funeral director **Rich Hill Missouri**
(b) Address

19. (a) **Jan 16, 1944** (b) **Mr. Edna Douglas**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bates**

(c) City or town **Rich Hill Missouri**
(If outside city or town limits, write "RURAL")

(d) Street No. **2 Park Ave**
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) **U**
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **12**
year **1944** hour **2** minute **05** PM.

21. I hereby certify that I attended the deceased from **July 26, 1943** to **Jan 12, 1944**
that I last saw him alive on **Jan 12, 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**
Due to **heart trouble** Duration **5 mo.**
duration

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
PHYSICIAN **Dr. C. G. Allen**
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 **1/12/44**
(c) Where did injury occur? **public place**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Rich Hill Missouri
(Specify type of place)

While at work? (Specify type of place) (e) Means of injury **3rd Party**
(M. D. or other)

23. Signature **John J. Henderson** (M. D. or other)
Address **Booths No** Date signed **1-18-44**

WRITE PLAINLY—USE UNFADING BLACK INK

1542

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 John J. Gladenwald
Licensed Embalmer No. 3585
P. O. Address Butler 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.