

FILED APR 14 1944

Registration District No. 260

Primary Registration District No. 6225

Registrar's No. 47

1. PLACE OF DEATH

(a) County Vernon
(b) City or town Rural Washburn Sup.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution State Hosp. no. 3 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 yrs 8 mo 13 d.
(Specify whether
In this community Same time years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 108
(c) City or town Ra Monte
(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 Francis W. Connor

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 15 1884
(Month) (Day) (Year)

8. AGE: Years 59 Months 8 Days 9 If less than one day hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name James Connor

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

14. Maiden name Margaret Dowling

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

16. (a) Informant Hospital Records

(b) Address Nevada Mo.

17. (a) Funeral (b) Date thereof 3-5-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia, Mo.

18. (a) Signature of funeral director Haji Funeral Service

(b) Address Nevada, Mo.

19. (a) 3-6-44 (b) Hazel B. Bewick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th year 1944 hour 7 minute A M.

21. I hereby certify that I attended the deceased from Jan. 18 1944, to March 4 1944
that I last saw him alive on March 4 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

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

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) Means of injury _____

23. Signature R. B. Reath (M. D. or other) MD

Address Nevada Mo Date signed 3-5-44

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

08
00

MOTHER FATHER

PREPARED BY

District Health Officer No. 71

District File Number 3-44-531

Date Filed 4-12-44

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 Mark A. Brasevell

Licensed Embalmer No. 2529

P. O. Address Nevada 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.