DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1944

Registration District No. 330

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19258

Primary Registration District No. 3074

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Sikeston
(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 9 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott /00

(c) City or town Sikeston
(If outside city or town limits, write "RURAL")

(d) Street No. Smith Eddition
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Bula Gail McConnell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F /

5. Color or race W

6. (a) Single, widowed, married, divorced / Married

6. (b) Name of husband or wife Eddie C. McConnell

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March (Month) 4 (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	1	9	hr. min.

9. Birthplace Dresden (City, town, or county) Tenn. / (State or foreign country)

10. Usual occupation Invalid 5 Years

11. Industry or business

FATHER
12. Name Seaton M. Stepheson
13. Birthplace Dresden (City, town, or county) Tenn / (State or foreign country)

MOTHER
14. Maiden name Martha J. Pickard
15. Birthplace Desden (City, town, or county) Tenn / (State or foreign country)

16. (a) Informant Mattie Lee Moring

(b) Address Sikeston, Mo P.O. Bx 173

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/44 (Month) (Day) (Year)

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

18. (a) Signature of funeral director H.W. Albritton

(b) Address Sikeston Mo.

19. (a) 5/18/44 (Date received local registrar) (b) Louie Largent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 13
year 1944 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from 3-14-44, 19, to 4-13, 1944
that I last saw her alive on 4-13, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malnutrition	
Due to Pernicious Anemia	
Due to	
Other conditions (Include pregnancy within 3 months of death) 73a	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN

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 —

(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? —
(Specify type of place)

While at work? — (e) Means of injury —

23. Signature E. D. Urban (M. D. or other)

Address Sikeston Mo Date signed 4/20/44

1318

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No.
District File Number 644-76
Date Filed 6-8-44

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

Embalmed, Registered Apprentice No.

working under my personal supervision.

Signed John Alexander

Licensed Embalmer No. 2941

P. O. Address Sikeston Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.