

FILED SEP 28 1944
Registration District No. ATL

Primary Registration District No. 3056

Registrar's No. 187

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

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly
(If outside city or town limits write "RURAL" and name of township)

(c) Name of hospital or institution: Wabash Hospital
(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 408. W. Logan St.
(If rural, give location)

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

3. (a) PRINT FULL NAME James Joseph Connelly

3. (b) If veteran, name war ✓

3. (c) Social Security No. 703-01-1367

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2nd year 1944 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug 28 1944 to Sept. 2 1944

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Connelly 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 17th 1880
(Month) (Day) (Year)

that I last saw him alive on Sept. 2 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 10 Days 15 If less than one day _____ hr. _____ min.

Immediate cause of death Heart failure

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

Due to uraemia

10. Usual occupation Engineer

Due to cancer of bladder

11. Industry or business Wabash R.R.

Other conditions (Include pregnancy within 3 months of death)

12. Name no data

Major findings: Of operations 52 f

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

Of autopsy _____

14. Maiden name Mary Fox 9
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

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

22. If death was due to external causes, fill in the following:

16. (a) Informant Mrs. Margaret Connelly

(a) Accident, suicide, or homicide (specify) _____

(b) Address Moberly Mo

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Sept 5th 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____ (City or town) (County) (State)

(c) Place: burial or cremation Moberly Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Mahan and Son

While at work? _____ (Specify type of place) (c) Means of injury _____

(b) Address Moberly Mo

23. Signature Eric Handler (M. D. or other) _____

19. (a) 9-5-44 (b) Orma Hall
(Date received local registrar) (Registrar's signature)

Address Wabash Hospital Moberly Date signed 9-5-44

JAN 27 1947

SEP 28 1944

AUG 9 1945

RECEIVED

District Health Officer No. 10

District File Number 7-44-1630

Date Filed SEP 27 1944

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 Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address: Moberly, 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.