. S. No. 2
00M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 19 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35447

Registration District No. 333 Primary Registration District No. 3074 Registrar's No.

1. PLACE OF DEATH:

(a) County Scott T. McConnell
(b) City or town Sikeston, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100
(c) City or town Sikeston
(If outside city or town limits, write "RURAL")
(d) Street No. 506 Ruth St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ernest T. McConnell
3. (b) If veteran, name war none
3. (c) Social Security No. 405-14-2249
4. Sex Male 0
5. Color or race white 1
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Myrtle McConnell
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased August (Month) 18, (Day) 1904 (Year)

8. AGE:

Years	Months	Days	If less than one day
40	1	16	hr. min.

9. Birthplace Shady Grove (City, town, or county) Kentucky 1 (State or foreign country)
10. Usual occupation Insurance Agent
11. Industry or business
FATHER
12. Name Jeff McConnell 0
13. Birthplace Gray Ridge (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Frances Davis
15. Birthplace Shady Grove (City, town, or county) Kentucky 1 (State or foreign country)
16. (a) Informant Myrtle McConnell
(b) Address 506 Ruth St. Sikeston, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-44 (Month) (Day) (Year)
(c) Place: burial or cremation Sikeston, Mo.
18. (a) Signature of funeral director Orville Taylor
(b) Address Sikeston, Mo.
19. (a) 10-11-44 (Date received local registrar) (b) Louise Largent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4 year 1944 hour Six minutes 15 A; M.
21. I hereby certify that I attended the deceased from 3-24-44, 19__, to 10-4, 1944 that I last saw him alive on 10-4, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: carcinoma of liver	
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	
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 0
23. Signature E. D. Urban (M. D. or other) M.D.
Address Sikeston, Mo. Date signed 10-4-44

1318

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1044-1404
Date Filed 10-18-44

JUN 28 1946

APR 19 1954

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 Alfred W. Greer

Licensed Embalmer No. 1027

P. O. Address Poplar Bluff

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.