

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
104 Hickory
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 month
years, months or days)

3. (a) PRINT FULL NAME Jessie CONANT

3. (b) If veteran, name war no. 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 Frank CONANT 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased Sept 27 1914
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>30</u>	<u>2</u>	<u>2</u>	hr. _____ min.

9. Birthplace Kent Store Va.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Lemina O. Phillips
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant CAPT. Frank Conant

(b) Address 104 Hickory St. LEBANON MO

17. (a) Removal (b) Date thereof 12-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kent Store Va.

18. (a) Signature of funeral director PALMER'S

(b) Address LEBANON MO

19. (a) Dec 1 44 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Va. (b) County Don't know
(c) City or town KENTSTORGE
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 29
year 1944 hour about 7 minute _____ A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death (GASSED) ASPHYXIATED Duration _____

Due to GAS HEATER ON IN BATHROOM
NOT LIBATED.

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) Accident 053

(b) Date of occurrence 11-29-1944

(c) Where did injury occur? LEBANON LACLEDE MO
(City or town) (County) (State)

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

While at work? No (Specify type of place) (e) Means of injury _____

23. Signature R. O. Palmer (CORONER) (M. D. or other)

Address LEBANON MO Date signed 11/30/44

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

Received *DEC 29 1947*

Laclede County Health Unit

File No. *11-44-157*

Date Filed *12/7/44*

JUL 29 1947

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 *Allyn Lethuage Hooker*

Licensed Embalmer No. *4333*

P. O. Address *Lebanon 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.