DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1945

Registration District No. 1347

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20500

Primary Registration District No. 5575

Registrar's No. 46

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

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution: 9200 Cherry
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 47
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY - RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. 9200 Cherry
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME ELLA CONNOLEY

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife JOHN F. CONNOLEY

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

7. Birth date of deceased JUNE (Month) 8 (Day) 1854 (Year)

8. AGE:

Years	Months	Days	If less than one day
91	0	7	hr. ..... min.

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

10. Usual occupation At home

11. Industry or business .....

FATHER
12. Name JOHN COLLINSWORTH
13. Birthplace ..... (City, town, or county) VA. (State or foreign country)

MOTHER
14. Maiden name SARAH COLLINS
15. Birthplace ..... (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Mrs. L. E. Newman
(b) Address Grandview, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 17, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation BELTON, MO.

18. (a) Signature of funeral director E. K. Grosse & Sons
(b) Address Grandview, Mo.

19. (a) June 20 1945 (Date received local registrar) (b) Dr. Annie G. Hedges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 15th
year 1945 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1943, 19..., to May 1945, 19...;
that I last saw her alive on about May 15, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Senility	
arterio sclerosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

97

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 Delon A. Williams (M. D. or other)
Address 806 Prof Bldg Date signed 6/16/45

1152 (Licensed Embalmer's Statement on Reverse Side)

Nelson A. Tuttle

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 A. H. George

Licensed Embalmer No. 3645

P. O. Address Grandview, 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.