

1. PLACE OF DEATH:

(a) County Dade

(b) City or town Dadeville (Hards) S. Morgan
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 2 miles N.W. of Dadeville
(If not in hospital or institution, write street number or location)

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

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Dade

(b) City or town Dadeville, Mo.
(If outside city or town limits, write "RURAL")

(c) Street No. 2 miles N.W. of Dadeville
(If rural, give location)

(d) Citizen of foreign country? No (Yes or No)

If yes, name country None

3. (a) PRINT FULL NAME John Benton M. Connell

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29, year 1945 hour 9:15 minute a M.

4. Sex Male

5. Color or race White

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

(b) Name of husband or wife Ida M. Connell

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Aug. 29, 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 1, 1944, to Nov 29, 1945; that I last saw him alive on Nov 28, 1945; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>3</u>	<u>0</u>	hr. min.

Immediate cause of death Cerebral Hemorrhage Duration 46 months

Due to Complete paralysis unable to move & swallow. 2 weeks

Due to _____

9. Birthplace Dade County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

12. Name Thomas M. Connell

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

14. Maiden name Marcissa Patterson

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

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? _____

16. (a) Informant Mrs. Ida M. Connell

(b) Address Dadeville Mo.

17. (a) Burial (b) Date thereof Dec. 2, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dadeville Cemetery

18. (a) Signature of funeral director William B. Covert

(b) Address Dadeville Mo.

19. (a) 12-19-45 (b) Geo. Z. Weir
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature B. B. Kirby (M. D. or other) _____

Address Dadeville Mo Date signed Nov 30, 1945

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

MOTHER, FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Walter P. Erwin

Licensed Embalmer No.....

3092

P. O. Address.....

Belmar, N.J.

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.