

S. No. 2
M-5-43
5-17-39
I X36671

FILED AUG 1 1946

Registration District No. 173

Primary Registration District No. 5645

Registrar's No. 70

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

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town 1/2 mile south of Aurora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1/2 mile south of Aurora!
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME HELEN FRANCES CONNELLY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife John Connelly 6. (c) Age of husband or wife if alive no years

7. Birth date of deceased Sept 30 1865
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 24 If less than one day hr. _____ min. _____

9. Birthplace North Caroline
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas F Sparks

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

14. Maiden name Sarah Kemp

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

16. (a) Informant Mrs W E Jones

(b) Address Aurora Mo

17. (a) Burial (b) Date thereof June 25-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation J O F Maroville

18. (a) Signature of funeral director Earl Marsh

(b) Address Aurora Mo

19. (a) July 1 46 (b) Ora Mc Natt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Aurora Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1/2 mile south of Aurora
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1946 hour 8 minute 0 A.M.

21. I hereby certify that I attended the deceased from Jan 1 to June 24
that I last saw her alive on June 23 and that death occurred on the date and hour stated above.

Immediate cause of death General Tuberculosis

Due to Pulmonary Tuberculosis

Due to _____

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

Major findings: Of operations _____

Of autopsy 13

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? _____

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

23. Signature W B Herron (M. D. or other) _____
Address Aurora Mo Date signed June 24

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 746-804

Date Filed JUL 30 1946

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.....

Myself
.....
working under my personal supervision.

Registered Apprentice No.....

Signed *Robert L. Marsh*
.....

Licensed Embalmer No. 3812

P.O. Address Avon, 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.