S. No. 2
M—2-43
. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 30 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32925

Registration District No. 389 Primary Registration District No. 5161 Registrar's No. 23

1. PLACE OF DEATH:

(a) County Callaway

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

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

(d) Length of stay: In hospital or institution no (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

(c) City or town New Bloomfield (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Ada Ophelia CONNER

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 ✓

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

7. Birth date of deceased March (Month) 1 (Day) 1876 (Year)

8. AGE: Years 70 Months 7 Days 10 If less than one day hr. min.

9. Birthplace Callaway Co. (City, town, or county) Mo (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER 12. Name Elisha M. Morris

FATHER 13. Birthplace Callaway Co. (City, town, or county) Mo (State or foreign country)

MOTHER 14. Maiden name Margaret Henderson

MOTHER 15. Birthplace Callaway Co. (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs Fred P. Hall

(b) Address New Bloomfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 13 46 (Month) (Day) (Year)

(c) Place: burial or cremation Union Hill Cemetery

18. (a) Signature of funeral director Ray R. Hall

(b) Address New Bloomfield Mo

19. (a) Oct 12-46 (Date received local registrar) (b) LeRoy Claypool (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11 year 1946 hour 3 minute 8 M.

21. I hereby certify that I attended the deceased from Sept 12 1946 to Oct 11 1946 that I last saw her alive on Oct 11 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	24 hr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

43A

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. M. McRuk (M. D. or other)

Address New Bloomfield Mo Date signed Oct 12-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
Date Filed 10/29/46
District File Number

OCT 31 1946

OCT 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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed L. Roy Claypool

Licensed Embalmer No. 4412

P. O. Address New Bloomfield 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.