

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** SEP 21 1946  
THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. 35789  
Registrar's No. 168

Registration District No. 324 Primary Registration District No. 6093

1. PLACE OF DEATH

(a) County Saline  
(b) City or town Marshall - Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Saline County Home 5  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 or 7 years  
(Specify whether years, months or days) most of his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Saline  
(c) City or town Marshall - Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Saline County Home  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

John M. Connick  
3. (b) If veteran, name war ✓  
3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4<sup>th</sup>  
year 1946 hour 10 minute 19 M.

21. I hereby certify that I attended the deceased from Sept 1, 1946 to Oct 4, 1946  
that I last saw him alive on Oct 1, 1946  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color & race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Paula O. Mc Connick 6. (c) Age of husband or wife if alive 4 years  
7. Birth date of deceased May 10 - 1881  
(Month) (Day) (Year)

Immediate cause of death Ch. Myocarditis - Hypertension  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years 65 Months 4 Days 24  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Other conditions 93D  
(Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)  
10. Usual occupation Farmer  
11. Industry or business \_\_\_\_\_  
12. Name John M. Connick  
13. Birthplace Virginia  
(City, town, or county) \_\_\_\_\_ (State or foreign country)  
14. Maiden name Clara Ballou  
15. Birthplace \_\_\_\_\_ (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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Marshall Mo. Date signed 10/10/46

16. (a) Informant Saline Co. Board  
(b) Address Saline Co Home  
17. (a) Rural (b) Date thereof 10-7-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Saline Co Home  
18. (a) Signature of funeral director Campbell - Rural  
(b) Address Marshall - Mo.  
19. (a) 10-12-46 (b) Mo. T. O. Eastbrook  
(Date received local registrar) (Registrar's signature)

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

40  
457

Rec: Dist. Office to 8.  
No: ~~1046~~  
Date: 10-19-46

**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..... *B.W. Campbell Jr.*.....  
Licensed Embalmer No. 3469.....  
P. O. Address Marshall, W.V......

**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.