S. No. 2
M—5-43
. 5-17-39
P I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DCT 17 1946

State File No. 35834

Registration District No. 337 Primary Registration District No. 4499 Registrar's No. 88

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Shelbina
(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 (Specify whether
In this community 75 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102

(c) City or town Shelbina 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME James K. Polk Connaway

3. (b). If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Sarah Ann Connaway

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased February (Month) 22 (Day) 1871 (Year)

8. AGE: Years 75 Months 5 Days 21 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business --

FATHER
12. Name John Henry Connaway
13. Birthplace Georgetown (City, town, or county) Delaware (State or foreign country) /

MOTHER
14. Maiden name Anna Swain
15. Birthplace Georgetown (City, town, or county) Delaware (State or foreign country) /

16. (a) Informant Mrs. Cecil McCaskey
(b) Address La Plata, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 15, 46 (Month) (Day) (Year)
(c) Place: burial or cremation Shelbina, Missouri

18. (a) Signature of funeral director E. Hayes
(b) Address Shelbina, Missouri

19. (a) Sept 28-46 (Date received local registrar) (b) Ruth Jasper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13
year 1946 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from Sept 1 1946, to Sept 13, 1946;
that I last saw him alive on 12th Sept, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Gastric

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

46B

Duration

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 J. A. Finnish (M. D. or other)
Address J. Shelbina Date signed 9/14/46

307 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-46-182
Date Filed OCT 14 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 Paul E. Hayes, Registered Apprentice No. 417, working under my personal supervision.

Signed Jack L. Hayes

Licensed Embalmer No. 3699

P. O. Address Shelbina, 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.