S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 678

Registration District No. 107 — Primary Registration District No. 3019 — Registrar's No. 237

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett Mo.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 1 Day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Kansas City Mo 3
(If outside city or town limits, write "RURAL")

(d) Street No. Phone # VU. 8818 8
(If rural, give location) 1

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

If yes, name country

3. (a) PRINT FULL NAME John H. Connell

3. (b) If veteran, name war

3. (c) Social Security No. 487-03-7833

4. Sex M D

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Edith Connell

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased July (Month) 28 (Day) 1897 (Year)

8. AGE: Years 49 | Months 6 | Days 0 | If less than one day ___ hr. ___ min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Joseph W. Connell
13. Birthplace Page Co. (City, town, or county) Va. 1 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Smith
15. Birthplace Howard Co. (City, town, or county) Mo D (State or foreign country)

16. (a) Informant Mrs. A. D. Plattener
(b) Address Marshall

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Marshall Mo

18. (a) Signature of funeral director Campbell Lewis
(b) Address Marshall Mo

19. (a) 1-28-1947 (Date received local registrar) (b) Earl Husband (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 1 day 28 year 1947 hour 3 minute 30 A M.

21. I hereby certify that I attended the deceased from Jan. 28, 1947, to Jan. 28, 1947, that I last saw him alive on Jan 28, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94A	
Of autopsy	

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 O

23. Signature George Q. Dunnier (M. D. or other) M.D.

Address Kennett, Mo Date signed Jan 28 1947

90

(Licensed Embalmer's Statement on Reverse Side)

MAR 25 1947

RECEIVED
District [illegible] Office [illegible]
District File Number 24222
Date Filed 2-11-47

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 A Hawkins

Licensed Embalmer No. 2002

P.O. Address Kennett 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.