

S. No. 2
M-543
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8703

FILED MAR 31 1947

Registration District No. 12 Primary Registration District No. 5460 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural Clay Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route # 3 Springfield
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 6 Months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Rural Springfield 6
(If outside city or town limits, write "RURAL")

(d) Street No. Route # 3 4
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harold H. Conant Jr.

3. (b) If veteran, name war World War # 2.

3. (c) Social Security No. 500-09-8225

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19 year 1947 hour About 9 minute _____ A.M.

4. Sex Male U

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 6 1921
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from his physician in attendance 19____; that I last saw him alive on _____ 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>25</u>	<u>11</u>	<u>12</u>	hr. _____ min.

Immediate cause of death Crushing injury of skull

Due to Blow with a hammer

Due to _____

9. Birthplace Oklahoma City - Oklahoma - /
(City, town, or county) (State or foreign country)

10. Usual occupation Restaurant Operator

Other conditions 167
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name Harold H. Conant Sr.

{ 13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name Clara Gail

{ 15. Birthplace Hutchinson Kansas /
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy As above and burn of body

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Susanna H. Hotze

(b) Address Oklahoma City, Okla.

17. (c) Burial (b) Date thereof 3/22/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) Mar 24 - 47 (b) Mrs. Fred Small
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence March 19 1947

(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? In the home
(Specify type of place)

While at work? no (e) Means of injury Hammer

23. Signature James Stone (M. D. or other) _____
Address Springfield, Mo. Date signed 3-22-47

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

OCT 17 1947

RECEIVED

Greene

County File Number

Health Office,

49-3-33

Date Filed

3/28/47

APR 30 1947

JUN 2 1947

JUN 17 1947

JUL 26 1952

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.

This body not embalmed.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.