FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 16 1947
Registration District No. 1526

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17814

Primary Registration District No. 2001

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Joplin General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community All Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin, 2
(If outside city or town limits, write "RURAL")
(d) Street No. 903 West 9th Street 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Velma June McConnell
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carl
6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased February (Month) 18 (Day) 1927 (Year)

8. AGE: Years 20 Months 2 Days 11 If less than one day hr. min.

9. Birthplace Joplin, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Ren Howell
13. Birthplace Burton, KAnsas
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Venus Rowden
15. Birthplace Carl Junction, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Venus Howell
(b) Address 1815 Ohio Ave, Joplin, Mo
17. (a) B. Burial (Burial, cremation, or removal) (b) Date thereof 5-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial Park
18. (a) Signature of funeral director Thornhill-Dillon
(b) Address Joplin, Missouri
19. (a) 5-1-47 (Date received local registrar) (b) Delores Lamphin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1947 hour 7:10 minute P. M.
21. I hereby certify that I attended the deceased from April 17 1947, 19..., to April 29, 1947;
that I last saw her alive on April 29, 1947, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart and respiratory failure	
Due to Peritonitis	7 days
Due to Intestinal obstruction	13 days
Other conditions (Include pregnancy within 3 months of death) 122B	

Major findings:
Of operations Intestinal obstruction
intestinal infection
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN
Underline the cause of 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 2

23. Signature W. E. Heinlen (M. D. or other) DO
Address Joplin, Mo. Date signed 4/30/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-4-291

JAN 21 1948

FEB 6 1948

MAY 28 1947

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 Cecil A. Thornhill

Licensed Embalmer No. 3590

P. O. Address Joplin, 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.

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

State File No. June

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Velma J. McConnell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct 18 1892 (Month) (Day) (Year)

8. AGE: Years 20 Months 2 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER 12. Name

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

MOTHER 14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 5-1-47 (Date received local registrar) (b) Dolores Lampkin D.R. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 29 year 1947 hour 12 minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

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

Major findings:
Of operations

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

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

17814