V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Lemmon 30973
State File No.

FILED OCT 9 1947
Registration District No. 1228

Primary Registration District No. 5465

Registrar's No. 792

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield-Rural, N. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route # 5
(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 89 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. Route # 5
(If rural, give location)

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

3. (a) PRINT FULL NAME Milton C. McConnell

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Mattie E. McConnell

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

7. Birth date of deceased Nov. (Month) 24 (Day) 1856 (Year)

8. AGE: Years 91 | Months 11 | Days 15 | If less than one day hr. min.

9. Birthplace Giles County (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name James A. McConnell
13. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Nancy Knox
15. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant T.T. Mc.Connell
(b) Address Springfield, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/11/47 (Month) (Day) (Year)
(c) Place: burial or cremation Brookline, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 9-11-47 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9 year 1947 hour 7 minute A M.

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

Immediate cause of death probably chronic myocarditis — 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 W E Handley (M. D. or other) Local Registrar

Address Springfield Mo Date signed 9/10/47

(Licensed Embalmer's Statement on Reverse Side)

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 E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Burnsville Md

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.