

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34113**  
Registrar's No. **56**

Registration District No. **101**

Primary Registration District No. **5406**

1. PLACE OF DEATH:

(a) County **Douglas**  
(b) City or town **Seymour, Rural Lincoln**  
(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 \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME **Thomas Martin Conner**

3. (b) If veteran, **No** name war. 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Mary Rita Conner** 6. (c) Age of husband or wife if alive **83** years  
7. Birth date of deceased **July 13, 1859** (Month) (Day) (Year)

8. AGE: Years **88** Months **1** Days **29** If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Douglas County, Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business \_\_\_\_\_

12. Name **Thomas Conner** 13. Birthplace **Unknown** (City, town, or county) (State or foreign country)  
14. Maiden name **Larendie Potten** 15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **E. O. Conner** (b) Address **German Mo**  
17. (a) **Burial** (b) Date thereof **9-14-47** (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Day**

18. (c) Signature of funeral director **Clinkingbeard Funeral Home** (b) Address **Ava, Missouri**

19. (a) **Oct. 2-47** (b) **Uestal Bushman** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Douglas** 34  
(c) City or town **Seymour, Rural** 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. **Route 2** (If rural, give location) 0  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **12**  
year **1947** hour **10** minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from **March 11**  
**1946 to September 12, 1947**  
that I last saw him alive on **April 23** 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis** **Chronic Long standing**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **932** 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? **0**  
(e) Means of injury **0**  
23. Signature **R. H. Harrison** (M. D. or other) **M.D.**  
Address **Ava Mo** Date signed \_\_\_\_\_

RECEIVED  
District Health Officer No. 6,  
District File Number 1047-1091  
Date Filed OCT 23 1947

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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.....

*W.B. Hutchinson*

Licensed Embalmer No. 3431

P. O. Address Area 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.