

FILED JAN 5 1948  
286

Registration District No. \_\_\_\_\_

Primary Registration District No. **4424**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Polk**  
(b) City or town **Humaneville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Geo. Hemmitt Memorial Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **4.5 days** (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Bourbon 999**  
(c) City or town **Fort Scott, Kans.** (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **WILLIAM E. CONNOR**

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

4. Sex **male** 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 **July 23 1897**  
(Month) (Day) (Year)

8. AGE: Years **68** Months **4** Days **21** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Liberty Ind. 1**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

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

12. Name **Michael Connor 4**

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

14. Maiden name **Hannah Carnett**

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

16. (a) Informant **Konantz mortuary**

(b) Address **Fort Scott, Kans.**

17. (a) **Removal** (b) Date thereof **Dec. 14, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director **Konantz mortuary**

(b) Address **Fort Scott, Kansas**

19. (a) **Dec 21, 1947** (b) **Jessie Kirkpatrick**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **14**  
year **1947** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **10-31-47** to **12-14-47**,  
that I last saw him alive on **12-14-47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Injured in automobile crash. Fracture 5th & 6th cervical vertebrae. Complete severing of spinal cord at level of 5th cervical vertebra.**  
Due to **Vertebrae**  
Due to **Spinal Cord at level of 5th cervical vertebra**

Duration **4.5 days**

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) **accident 93**

(b) Date of occurrence **10-31-47**

(c) Where did injury occur? **St Clair mo.**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Public Highway # 54**  
While at work? **no** (Specify type of place) (e) Means of injury **automobile**

23. Signature **W. Robinson** (M. D. or other) **MD**  
Address **Humaneville, mo** Date signed **12/16/47**

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

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Form No. 1  
Date Filed 12-49-1997  
Director No. 7,  
1-2-48

**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.....

William J. Creswell, Registered Apprentice No. 472  
working under my personal supervision.

Signed E. H. Pimm

Licensed Embalmer No. 4282

P. O. Address Humansville, 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.**