

National Office of Vital Statistics

FILED MAR 5 1948

Registration District No. 255

Primary Registration District No. 5891 = 5897

Registrar's No.

1. PLACE OF DEATH:

(a) County..... Oregon
 (b) City or town..... Alton Piney Twp.
 (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..... 4 years
 years, months or days)

3. (a) PRINT FULL NAME Violet Leona Conner

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

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married divorced Married /
 6. (b) Name of husband or wife Willie Conner 6. (c) Age of husband or wife if alive 37 years
 7. Birth date of deceased April 12 1916
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 31 6 1 hr. min.

9. Birthplace Oregon County Missouri /
 (City, town, or county) (State or foreign country)
 Domestic

10. Usual occupation Domestic

11. Industry or business

12. Name Dee Stevens
 13. Birthplace Oregon County Missouri 0
 (City, town, or county) (State or foreign country)
 14. Maiden name Sarah Shipman
 15. Birthplace Oregon County Missouri b
 (City, town, or county) (State or foreign country)

16. (a) Informant Willie Conner

(b) Address Alton, Mo.

17. (a) Burial (b) Date thereof 10/14/47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bayley Cem.

18. (a) Signature of funeral director Pearl Carter

(b) Address Thayer, Mo.

19. (a) 2-2-48 (b) Mrs. W. J. ...
 (Date received local registrar) (Registrar's signature) 2/2/48

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75
 (c) City or town Alton (Rural) 0
 (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13
 year 1947 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from
 to 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
 Penicillin
 Duration 3 hrs

Due to.....

Due to.....

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

Major findings:
 Of operations

Of autopsy
 1467
 ADDITIONAL INFORMATION REQUESTED

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 Dr. W. J. ... (M. D. or other) 0

Address Alton Mo. Date signed.....

PHYSICIAN

Underline the cause of which death should be reported statistically.

RECEIVED

District Health Officer No. 5,

District File Number. 218116

Date Filed 3-4-48

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 _____

_____, Registered Apprentice No. _____
working under my personal supervision.

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.

Registration District No. 255

Primary Registration District No. 5877

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Altan
(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 Violet L. Conner

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 _____ (Day) (Month) (Year)

7. Birth date of deceased April 12 (Month) (Day) (Year)

8. AGE: Years 31 Months _____ Days _____ (If less than one day, hr. min.)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(Burial, cremation, or removal) (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to Past Past Hemorrhage
Full term body
Patient lived 1/2 hour
after delivery

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Altan Ore Date signed 6/17/42

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

SUPPLEMENTARY

S-44710