No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 5 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3679

Registration District No. 341 | Primary Registration District No. 3075 | Registrar's No. 9

1. PLACE OF DEATH:
(a) County: Stoddard
(b) City or town: Dexter, Mo.
(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: Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Stoddard 103
(c) City or town: Dexter, ?
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Salie Conner
3. (b) If veteran, name war:
3. (c) Social Security No.

4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow. 2
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Oct. (Month) 1. (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	3	13	..... hr. ..... min.

9. Birthplace: Tenn. (City, town, or county) (State or foreign country) /
10. Usual occupation: Housekeeper
11. Industry or business:
FATHER
12. Name: Hutchinson ?
13. Birthplace: unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: unknown ?
15. Birthplace: " (City, town, or county) (State or foreign country) /
16. (a) Informant: Mrs. Birl Pointer
(b) Address: Dexter, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1. 16. 48. (Month) (Day) (Year)
(c) Place: burial or cremation: Haggy Cemetery
18. (a) Signature of funeral director: Watkins Fun. Ser.
(b) Address: Dexter, Mo.
19. (a) 1-26-48 (Date received local registrar) (b) Margaret Kirk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14 year 1948 hour 10 minute 30 A. M.
21. I hereby certify that I attended the deceased from Jan. 9th, 1948 to Jan. 10th, 1948 that I last saw her alive on Jan. 10, 1948 and that death occurred on the date and hour stated above.

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

Major findings:
Of operations: 0
Of autopsy:

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: G. Gannon D.O. (M. D. or other)
Address: Dexter Date signed: Jan 25-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 248-172
Date Filed 2-2-48

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

Signed Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Dexter 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.