S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 8 1948

Registration District No. 1

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7661

Primary Registration District No. 3900

Registrar's No. 94

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C.O.S. Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 Month 21 days (Specify whether years, months or days)
In this community: 4 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair
(c) City or town: Kirksville (If outside city or town limits, write "RURAL")
(d) Street No.: 610 E. Pierce (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Darius Allen Conner
3. (b) If veteran, name war:
3. (c) Social Security No.: None
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Dora Bartlett
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: July (Month) 28 (Day) 1871 (Year)

8. AGE: Years 76 | Months 8 | Days 0 | If less than one day: hr. min.

9. Birthplace: Sullivan County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired farmer
11. Industry or business:
FATHER 12. Name: Thomas J. Conner
13. Birthplace: Ireland (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Betty Allen
15. Birthplace: Sullivan County, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Raymond Conner
(b) Address: Kirksville, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/31/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Park Cmt.
18. (a) Signature of funeral director: Dee Riley Funeral Home
(b) Address: Kirksville, Mo
19. (a) 4-3-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 28 year: 1948 hour: 8:00 minute: P.M.

21. I hereby certify that I attended the deceased from Feb. 1, 1948 to Mar. 28, 1948; that I last saw him alive on March 28, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	4 days
Due to: Nephrosclerosis	
Due to: Essential Hypertension	15 yrs.
Other conditions: Prostatic Hyperplasia (Include pregnancy within 3 months of death)	
Major findings: Of operations: None performed. 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:

23. Signature: Charles K. Smith (M. D. or other) D.O.
Address: Kirksville, Mo. Date signed: 3/30/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-48-621
APR -7 1948
Date Filed

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 Jack L. Dooley, Registered Apprentice No. 222, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 4181

P. O. Address [illegible] 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.