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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 4 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5466

State File No. 16054

Registrar's No. 395

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural S. Campbell township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Springfield, Rt. 7 home
(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 (All of life) 28 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Rural - Springfield 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rt. 7 Box 563 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Joyce Jean Conn

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex F

5. Color or race W

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 April (Month) 13 (Day) 1948 (Year)

8. AGE: Years 0 Months 0 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Springfield, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business Infant

FATHER
12. Name Robert Connn
13. Birthplace Brookline, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alene McCafferty
15. Birthplace Nixa, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Robert Conn
(b) Address Rt. 7 Box 563

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-13-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Brookline Cemetery

18. (a) Signature of funeral director J. W. Klingner & Co
(b) Address Springfield, Mo.

19. (a) 5-12-48 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1948 hour 4 minute 55 P.M.

21. I hereby certify that I attended the deceased from Viewed as coroner after death, 19..., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart failure	
Congenital heart disease	1 mo
Due to Congenital heart.	
Due to	
Other conditions Prematurity (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
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 Clyde B Abbott (M. D. ~~or other~~)

Address 219½ E Walnut Springfield, Mo Date signed 5/12/48

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

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 Max Rhodes

Licensed Embalmer No. 4071

P. O. Address Springfield

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.