

S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 11 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17064
Registrar's No. 26

Registration District No. 247

Primary Registration District No. 58389

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

1. PLACE OF DEATH:

(a) County Newton
(b) City or town GRANBY
(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 Delitha O. 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 Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased APRIL 8 1861
(Month) (Day) (Year)

8. AGE: Years 87 Months 1 Days 8 If less than one day _____
hr. _____ min. _____

9. Birthplace GRANBY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name WM TATE

13. Birthplace CULPEPPER CO VIRGINIA
(City, town, or county) (State or foreign country)

14. Maiden name HETTY FOWLER

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

16. (a) Informant MRS. PEARL HADDOCK

(b) Address SOCORRO N. MEXICO

17. (a) BURIAL (b) Date thereof MAY 18 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation COLLINS CEMETERY

18. (a) Signature of funeral director CULVER-SHEWMAKE

(b) Address GRANBY MISSOURI

19. (a) 5-18-1948 (b) M. L. Young
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Newton 73
(c) City or town Rural
(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 May day 16
year 1948 hour 7 minute 58 AM

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw her alive on May 16, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral insufficiency Duration 2 yrs.

Due to _____
Due to _____

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 0

23. Signature LER Olen (M. D. of other) _____
Address Granby Mo Date signed 5-18-48

RECEIVED

District Health Officer No. *Newton*
District File Number *648-317*
Date Filed *6-10-48*

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 _____

Paul D. Henbest

, Registered Apprentice No. *54*

working under my personal supervision.

Signed *Margaret Cullen*

Licensed Embalmer No. *4389*

P. O. Address *Cassville*

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.