FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

20097

State File No. .....

Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 345

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Macon (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 2 1/2 days (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Randolph 88
(c) City or town rural (If outside city or town limits, write "RURAL") 0
(d) Street No. ..... (If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME Roy Albert Conner
3. (b) If veteran, name war RA
3. (c) Social Security No. .....
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mina
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Sept (Month) 3rd (Day) 1896 (Year)

8. AGE: Years 51 Months 3 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Macon Co. Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation Miner
11. Industry or business .....
FATHER
12. Name Albert Conner
13. Birthplace Ia. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Pauline West
15. Birthplace Clark Co. Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. P.P. Powell
(b) Address Excello, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation College Mound Cem
18. (a) Signature of funeral director Stephens & Goodding
(b) Address Macon Mo.
19. (a) 7/6/48 (Date received local registrar) (b) Ruth McNeely (Registrar's signature) 1858

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30" year 1948 hour 5 minute 30 A M.
21. I hereby certify that I attended the deceased from 6 27, 1948 to 30 June, 1948 that I last saw him alive on 30 June, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	3 days
Due to Hypertensive arterio sclerosis	unknown
Due to	
Other conditions: ✓ (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 H C Ewin (M.D. or others) MD
Address Macon Mo Date signed 7-3-48

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

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

OCT 22 1948

JUL 13 194

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 James C. Cleaver Registered Apprentice No. 515, working under my personal supervision.

Signed C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.