No. 2
—5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 1 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27122

Registration District No. 238 Primary Registration District No. 5821 Registrar's No. 299

1. PLACE OF DEATH:
(a) County NEW MADRID
(b) City or town MATHEWS RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NO.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO. (Specify whether
In this community 5 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Matthews 72
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MERT McCONNELL

3. (b) If veteran, name war NO.
3. (c) Social Security No. NO.

4. Sex M
5. Color or race COLORED
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CLARA McCONNELL
6. (c) Age of husband or wife if alive years
7. Birth date of deceased ABOUT (Month) (Day) 1880 (Year)

8. AGE: Years ABOUT 68 | Months | Days | If less than one day hr. min.

9. Birthplace UNK. (City, town, or county) 9 (State or foreign country)
10. Usual occupation FARM LABOR
11. Industry or business
FATHER
12. Name UNK.
13. Birthplace UNK. (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name UNK.
15. Birthplace UNK. (City, town, or county) 9 (State or foreign country)
16. (a) Informant David Croon
(b) Address Matthews R.3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 26-48 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director County
(b) Address New Madrid Mo.
19. (a) 8-27-48 (Date received local registrar) (b) Helen Loud Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26
year 1948 hour 10:30 minute a M.
21. I hereby certify that I attended the deceased from ✓
✓, 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 By all records death was due to	
Due to Cancer of the throat	
Due to	
Other conditions (Include pregnancy within 3 months of death) 45 F	
Major findings: Of operations	
Of autopsy NO	

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Leo Hedgepeth Carener (M. D. or other)
Address New Madrid Date signed Aug 27 48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 848-1086
Date Filed 8-30-48

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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.