

FILED SEP 15 1950

STANDARD CERTIFICATE OF DEATH

State File No. 27550

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3013 Registrar's No. 295

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>New London</u>	
c. LENGTH OF STAY (in this place) <u>8/10/50</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William B.</u> b. (Middle) <u>Conn</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>August 18, 1950</u>	
---	--	--	---	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>January 27, 1872</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>21</u>	IF UNDER 24 HRS. Hours <u>21</u> Min.
--------------------	-------------------------------	--	---	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>		11. BIRTHPLACE (State or foreign country) <u>Ralls County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
---	--	---	--	---	--	--	--

13a. FATHER'S NAME <u>Raphael B. Conn</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Alford</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Briscoe Conn</u>	
--	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491 14 0094</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clark Neeley Hannibal Missouri</u>		ADDRESS	
---	--	---	--	---	--	---------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anemia</u>		ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture pelvis</u>							

19a. DATE OF OPERATION <u>Aug 10 1950</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
--	--	----------------------------------	--	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 61</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Marion Mo</u>	
---	--	---	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 10 1950 3:20</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto accident O.M.K.</u>	
--	--	---	--	---	--

22. I hereby certify that I attended the deceased from Aug 10, 1950, to Aug 18, 1950, that I last saw the deceased alive on Aug 18, 1950, and that death occurred at 3:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>Hannibal, Mo</u>		23c. DATE SIGNED <u>Aug 21/50</u>	
--------------------------------------	--	-------------------------------------	--	--------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/21/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Barkley</u>		24d. LOCATION (City, town, or county) (State) <u>New London Missouri</u>	
--	--	-----------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>8-21-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		EMERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Hannibal Missouri</u>	
--	--	---	--	---	--	-------------------------------------	--

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

O.M.K.

RECEIVED SEP. 11 1950
MARION CO. HEALTH DEPT.
DATE FILED SEP 14 1950

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John S. Stand

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.