

**FEDERAL BUREAU OF INVESTIGATION
FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

'59 045050

FILED VS JAN - 6 1960

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 163

RENDERED

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence b. admission) a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ft Leonard Wood, Mo		c. CITY OR TOWN Hazelgreen	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION US Army Hospital		d. STREET ADDRESS (If outside, give location) General Delivery	

3. NAME OF DECEASED (Type or print) First Harry Middle Francis Last Connor			4. DATE OF DEATH Month Dec Day 17 Year 59			
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5. SEX Male	6. COLOR OR RACE Cau	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/2/23	9. AGE (last birthday) 36	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier	10b. KIND OF BUSINESS OR INDUSTRY US Army	11. BIRTHPLACE (City and state or country) Philadelphia, Pa	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Deceased	13b. MOTHER'S MAIDEN NAME Deceased	14. NAME OF HUSBAND OR WIFE Kiyo Kawamoto Connor
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW II	16. SOCIAL SECURITY NO. 227-18-2897	17. INFORMANT Address Kiyo Connor, Gen Del, Hazelgreen, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory insufficiency		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hours
DUE TO (b) Pulmonary hemorrhage		
DUE TO (c) Fractures, ribs, multiple		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Single auto accident
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20c. TIME OF INJURY 8:50 Hour Dec 16 59 Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 17	20f. CITY, TOWN, OR LOCATION COUNTY STATE 3 Mi West of Buckhorn Pulaski Mo
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21. I attended the deceased from 17 Dec 59 to 17 Dec 59 Death occurred at 1:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Hans H Baruch Capt, MC	22b. ADDRESS US Army Hospital Ft Leonard Wood, Mo	22c. DATE SIGNED 17 Dec 59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE unknown	23c. NAME OF CEMETERY OR CREMATORY unknown	23d. LOCATION (City, town, or county) (State) unknown
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24. FUNERAL DIRECTOR ADDRESS J J Shadel Lebanon, Mo	25. DATE RECD. BY LOCAL REG. 12-21-59	26. REGISTRAR'S SIGNATURE Carl Gray Anderson
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

VS JAN 28 1960 SA

FEB 10 1960

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 _____

Signature of Student Embalmer

Signed William O. Simpson

Licensed Embalmer No. 5071

P. O. Address Harville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.