

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

42
0
0
Registration District No. 137

Primary Registration District No. 5512

Registrar's No. 175

1. PLACE OF DEATH:

(a) County. Henry

(b) City or town. Rural Honey Creek
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community about 80 yrs (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Henry

(c) City or town. Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Honey Creek
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country. _____

3. (a) PRINT FULL NAME Washington Sacket Conners

3. (b) If veteran, name war. L

3. (c) Social Security No. L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31st, 1942
year 1942 hour 9:30 PM M.

4. Sex m 5. Color or race w

6. (a) Single, widowed, married, divorced. m

6. (b) Name of husband or wife. Johanna

6. (c) Age of husband or wife if alive. 71 years

7. Birth date of deceased. Sept. 27 1852
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 29 1942 to 5 Aug 30 1942
that I last saw him alive on Aug 30 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Myocarditis

8. AGE: Years 90 Months 11 Days 4 If less than one day _____ hr. _____ min.

Due to Arterio Sclerosis

Due to _____

9. Birthplace Cub Orchard Kent
(City, town, or county) (State or foreign country)

Other conditions. 93e
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

Major findings:
Of operations _____
Of autopsy _____

11. Industry or business _____

12. Name unknown

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name 11

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

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 _____

16. (a) Informant Ellen Conners

(b) Address 7 E. mo

17. (a) Burial (b) Date thereof Sept. 1 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Episcopal

18. (a) Signature of funeral director Paul J. Dan

(b) Address Clenton mo

19. Sept. 1, 1942 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

23. Signature J. W. Ballhurst (M. D. or other)
Address Wich mo Date signed 11/4/42

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 10-42-1115

Date Filed 10-8-42

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Kenneth Jackson

Licensed Embalmer No. 3954

P. O. Address Clinton, 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.