

APR 10 1941 11 211

Primary Registration District No. 4128

Registrar's No. # 5

1. PLACE OF DEATH Cole  
(a) County \_\_\_\_\_  
(b) City or town Centertown  
(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 \_\_\_\_\_ (Specify whether  
In this community 25 yrs. years, months or days)

3. (a) PRINT FULL NAME Lula, E. Connell  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife William D. xx 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Nov. 18 1891  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>0</u>	<u>8</u>	_____ hr. _____ min.

9. Birthplace Mayview Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Adolph Dahler  
13. Birthplace Missouri (City, town, or county) (State or foreign country) 0  
14. Maiden name Carloine Burkhart.  
15. Birthplace Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant William D. Connell

(b) Address Centertown, Mo.

17. (a) Burial (b) Date thereof 3/28/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Burke's Funeral Home

(b) Address Jefferson City, Mo.

19. (a) 3/28/41 (b) H. H. Leach, M. D.  
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cole 26  
(c) City or town Centertown (If outside city or town limits, write "RURAL") 0  
(d) Street No. Near Centertown (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 Life years.

1941 MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26  
year \_\_\_\_\_ hour 5:00 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Dec 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

that I last saw her alive on March 27, 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Arterio-sclerosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Laura A Taylor (M. D. or other) 0

Address Jefferson City Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

006

**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 *Victor Buescher*

Licensed Embalmer No. 3701

P. O. Address Jefferson City, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**