

FILED AUG 19 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH25785
Do not use this space.

1. PLACE OF DEATH
(a) County Monteau (b) Registration District No. 2
(b) Township Walker (c) Primary Registration District No. 571
(c) City (d) Street No. 0 5769 Registered No. 45
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 540 No Name
(a) Residence, No. Monteau Mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July. 14. 1940

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 1 hrs. or 1 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

FATHER 13. NAME Richard Connell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

MOTHER 15. MAIDEN NAME Myrtle Elizabeth Clifton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri California Mo

17. INFORMANT (ADDRESS) Richard Connell
Monteau Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shilo Cemt DATE July. 14. 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bowlin Funeral Home
California Mo.

20. FILED 7-15- 1940 H.R. Popejoy
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-14-1940

22. I HEREBY CERTIFY, That I attended deceased from 7-14-1940 to 7-14-1940
I last saw him alive on 7-14-1940, 1940. Death is said to have occurred on the date stated above, at 6:30 m.
The principal cause of death and related causes of importance were as follows:
Premature birth
Cause unknown
Other contributory causes of importance: 159

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) H.R. Popejoy M. D.
504 (Address) California Mo!

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.....

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, above space should be left blank.