No. 2
5-42
17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1945

Registration District No. 2

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5794

State File No. 10228

Registrar's No. 231

1. PLACE OF DEATH:
(a) County Montcau
(b) City or town Mokane Twp Rural
(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 30 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Montcau
(c) City or town ... (If outside city or town limits, write "RURAL") R
(d) Street No. ... (If rural, give location) 3
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Dickey Connell
3. (b) If veteran, name war ...
3. (c) Social Security No. ...

4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Don't Know
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased June (Month) 15 (Day) 1863 (Year)

8. AGE: Years 81 | Months 8 | Days 19 | If less than one day ... hr. ... min.

9. Birthplace Scotland (City, town, or county) 4 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business ...

FATHER
12. Name Don't Know
13. Birthplace Don't Know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant Social Security Office
(b) Address California Mo

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 3/6/45 (Month) (Day) (Year)
(c) Place: burial or cremation Burke Cem

18. (a) Signature of funeral director J E Williams
(b) Address California Mo

19. (a) 3-6-45 (Date received local registrar) (b) ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th
year 1945 hour 10 minute P M.

21. I hereby certify that I attended the deceased from Mar 4th, 19 45, to March 4th 19 45
that I last saw him alive on Mar 4th 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy — Duration 24 hrs.
Due to Apoplexy
Due to ...
Other conditions (Include pregnancy within 3 months of death) 0"
Major findings:
Of operations ...
Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 ...

23. Signature H R Ropeyy (M. D. or other)
Address California Mo Date signed 3-6-45

1312

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 4-5-45

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 Hugh E. Williams

Licensed Embalmer No. 3537

P. O. Address California 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.

S. No. 2B
M—5-43
p I X36930

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. April

Registration District No. 224 Primary Registration District No. 5796 Registrar's No. 231

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town Walker Twp Rural
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Moniteau
(c) City or town (Walker Twp Walker)
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James D. Cornell
3. (b) If veteran, name war.
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive Years
7. Birth date of deceased June (Month) 15 (Day) 1848 (Year)

8. AGE: Years 81 Months 8 Days If less than one day hr. min.

9. Birthplace (City, town, or county) Scotland (State or foreign country)
10. Usual occupation
11. Industry or business
12. FATHER Name
13. Birthplace (City, town, or county) (State or foreign country)
14. MOTHER Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) C. G. Ruth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March year 1929 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

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

10228