S. No. 2
M—5-42
. 5-17-39
▶I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

38035
State File No.

FILED DEC 3 1943
Registration District No. 82 —

Primary Registration District No. 3617

Registrar's No. 141

**1. PLACE OF DEATH:**

(a) County COOPER

(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ALEX VAN RAVENSWAAY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 DAYS (Specify whether years, months or days)
In this community 11 DAYS

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO. (b) County MONITEAU

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

(d) Street No. RFD 4
(If rural, give location)

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

3. (a) PRINT FULL NAME Lillie May Connell

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Female | 5. Color or race W | 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife William Connell | 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased May (Month) 6 (Day) 1908 (Year)

8. AGE: Years 35 | Months 5 | Days 28 | If less than one day hr. min.

9. Birthplace Shannon Co (City, town, or county) MO (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business Home

FATHER
12. Name Max Odam
13. Birthplace Carter Co (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name Mary Stringer
15. Birthplace Shannon Co (City, town, or county) MO (State or foreign country)

16. (a) Informant Richard Odam
(b) Address Bunceton MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Gerizim Mo

18. (a) Signature of funeral director Hellman & Friedmyer
(b) Address California MO

19. (a) Nov-4-43 (Date received local registrar) (b) Dr Chas. Swap (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month NOV. day 4
year 1943 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from 10-26-43, 19—, to 11-4-, 1943
that I last saw her alive on 11-4-, 1943
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death PERITONITIS | 7 DAYS |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations CAESAREAN SECTION
POSTERIOR POSITION.
CEPHALO-PELVIC DISPROPORTION
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 Aubrey H. Wells (M. D. or other)
Address Boonville Mo Date signed 11-4-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-2-43

## 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 Hillman

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.**