

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35741

1870 NOV 7 1939  
Registration District No. 135

Primary Registration District No. 5193

Registrar's No. 124

1. PLACE OF DEATH:

(a) County Carroll  
(b) City or town Rural - Wakeuda, Imp.  
(c) Name of hospital or institution:  
X  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community X  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll  
(c) City or town Carrollton Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 311 So. Folder  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? X years

8. (a) PRINT FULL NAME John Henry Conway  
3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced wid  
6. (b) Name of husband or wife Cora Robertson Conway 6. (c) Age of husband or wife if alive X years  
7. Birth date of deceased Sept 6 1854  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 1 17 hr. min.

9. Birthplace Ray County Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Stockman

11. Industry or business \_\_\_\_\_  
12. Name John M. Conway  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Jane Jackson  
15. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. F. G. C. ...  
(b) Address Carrollton Mo.  
17. (a) Burial (b) Date thereof Oct 25 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Ridge Hill Marshall Mo.  
18. (a) Signature of funeral director W. G. Marshall  
(b) Address Carrollton Mo.  
19. (a) 10/25-39 (b) W. G. Marshall  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23  
year 1939 hour 4 minute 15 P.M.  
21. I hereby certify that I attended the deceased from 7-1  
1939 to 10-22 1939  
that I last saw him alive on 10-22 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Duration 3 1/2 mos.

Due to Hypertension  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
23. Signature W. G. Marshall (M. D. number) \_\_\_\_\_  
Address Carrollton, Mo. Date signed 10/25/39

RECEIVED  
District Health Officer No. 8,  
District File Number 11/7/39  
Date Filed

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Camellia, 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, above space should be left blank.**