

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.

Registration District No. 135

Primary Registration District No. 3034

Registrar's No. 36

1. PLACE OF DEATH Randolph
 (a) County Moberly
 (b) City or town Moberly, 1125 Quinn St.
 (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) 2
 (d) Length of stay: In hospital or institution 12 yrs
 (Specify whether _____)
 In this community _____
 years, months or days 5 1/2

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Randolph
 (c) City or town Moberly
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. 1125 Quinn
 (If rural, give location) _____
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Emmett Conley
 (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male 5. Color white 6. (a) Single, widowed, married, divorced married
 7. Birth date of deceased 2 5 1861
 (Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Boone County, Mo _____
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Jim Conley
 13. Birthplace Boone Co., Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Polly Roberts
 (City, town, or county) (State or foreign country)
 15. Birthplace Boone Co., Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. J. T. H. ...

(b) Address 711 W. Reed St. Moberly, Mo

17. (a) burial (b) Date thereof 27 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia

18. (a) Signature of funeral director Paul C. Thompson

(b) Address Madison, Mo

19. (a) Feb. 19-1940 (b) Paul Williams
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 2 day 17
 year 1940 hour 10 minute 45 p. M.

21. I hereby certify that I attended the deceased from Feb. 7 to Feb. 17-1940
 that I last saw her alive on Feb. 15
 and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis, chronic interstitial

Due to _____
 Due to 121

Other conditions arterial hypertension
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

Duration _____
 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? 925
 While at work? _____ (Specify type of place) _____
 (Means of injury) _____

23. Signature P. E. ... (M. D. or other) _____
 Address Moberly, Mo Date signed 2/19/40

RECEIVED

District Health Officer No. 10

District File Number 3-46-629

Date Filed MAR 12 1940

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 Fred C. Thompson

Licensed Embalmer No. 1420

P. O. Address Madison, 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.