

Registration District No. **30** Primary Registration District No. **5041** *Mo.* Registrar's No. **35**

WED JUL 15 1940

1. PLACE OF DEATH:
(a) County **Barry Co. Mo.**
(b) City or town **Pierce City, Mo.**
(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 **Life** years, months or days

3. (a) PRINT FULL NAME **Owen Conley, 5116**
3. (b) If veteran, name war **No.** 3. (c) Social Security No. **No.**

4. Sex **M** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **May Hess Conley** 6. (c) Age of husband or wife if alive **52** years
7. Birth date of deceased (Month) **Oct.** (Day) **19** (Year) **1874**

8. AGE: Years **65** Months **7** Days **19** If less than one day hr. _____ min. _____

9. Birthplace **Barry Co. Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business **5**
12. Name **Patrick Conley** **5**
13. Birthplace **Ireland** (City, town, or county) (State or foreign country)
14. Maiden name **Rose McDonald**
15. Birthplace **Ireland** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **May Hess Conley**
(b) Address **Pierce City, Mo.**

17. (a) **Burial** (Burial, cremation, or other) (b) Date thereof **6-11-1940** (Month) (Day) (Year)
(c) Place: burial or cremation **St. Patrick's**

18. (a) Signature of funeral director **Blankenship**
(b) Address **Monett & Purdy**

19. (a) **6-12-40** (Date received local registrar) (b) **W. M. West** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Barry**
(c) City or town **Rural** (If outside city or town limits, write "RURAL")
(d) Street No. **Capps Creek** (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **8** year **1940** hour **2** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **May 30**, 19**40** to **June 8**, 19**40**; that I last saw him alive on **June 8**, 19**40**; and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Cardiac Dilatation** Duration **3 1/2 hrs**
Due to **Chr. Myocarditis**

Other conditions **Chr. Edema**
(Include prevalence within 3 months of death) **Permeous Anaemia**

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____

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? _____

31 **L. Mason Lyons** (Specify type of place) (e) Means of injury
While at work? _____
23. Signature **L. Mason Lyons** (M. D. or other) **1**
Address **Pierce City, Mo.** Date signed **6/12/40**

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.

RECEIVED

District Health Officer No. 6,

District File Number 740-2342

Date Filed JUN 10 1947

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.....

L. H. Blankenship

Licensed Embalmer No. 2397

P. O. Address Monett, 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.