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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21205

Registration District No. 73

Primary Registration District No. 5117

State File No. _____

Registrar's No. 129

1. PLACE OF DEATH: Boone

(a) County: Boone

(b) City or town: Rural Columbia, Mo.
(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: all of life years, months or days

3. (a) PRINT FULL NAME: Louis W. Conley

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: 541

4. Sex: Male

5. Color or race: W

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Marinda Conley

6. (c) Age of husband or wife if alive: 68 years

7. Birth date of deceased: Nov. 28 - 1911
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>6</u>	<u>15</u>	hr. _____ min.

9. Birthplace: Boone Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: ✓

12. Name: Winfield Conley

13. Birthplace: Missouri
(City, town, or county) (State or foreign country)

14. Maiden name: Margaret Uea

15. Birthplace: Boone Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: May W. Conley

(b) Address: Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-14-40
(Month) (Day) (Year)

(c) Place: burial or cremation: Columbia Cems.

18. (a) Signature of funeral director: Parkins, W.W.

(b) Address: Columbia, Mo.

19. (a) 6/15/40 (Date received from registrar)

(b) Allie Selby (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month to day 13
year '40 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 1939 to June 1940
that I last saw him alive on March 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Angina Pectoris

Due to: _____

Due to: _____ 94%

Other conditions: _____
(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? _____

23. Signature: James M. Baker (M. D. or other) J.M.B.

Address: Columbia, Mo. Date signed: June 15, 1940

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

MOTHER FATHER

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 M. W. Whittrick

Licensed Embalmer No. 3893

P. O. Address Calumpis, MD

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.