

No. 2  
1-10-39  
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X21492

FILED AUG 10 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 24571

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 141

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 406 So 9th St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 21 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME ADDIE KING CONLEY 540  
8. (b) If veteran, name war None 8. (c) Social Security No. None

5. Color of hair White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Samuel Jackson Conley 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased Unknown  
(Month) (Day) (Year)

AGE: Years Months Days If less than one day  
Estimate 74 years yr. min.

9. Birthplace Wesley Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business  
12. Name Charles King  
13. Birthplace Wesley Ohio  
14. Maiden name Joseph Andrews  
15. Birthplace Unknown New York  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Conley  
(b) Address Columbia Mo

17. (a) Burial, cremation, or removal Memorial Park (b) Date thereof 7-3-40  
(Month) (Day) (Year)

18. (a) Signature of funeral director Charles King  
(b) Address Columbia Mo

19. (a) 7/3/40 (b) Allie Selby  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri County Jasper  
(c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 406 So 9th St (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from Aug 20-1937  
\_\_\_\_\_ 1937 to July 1, 1940  
that I last saw her alive on July 11, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chromone Right breast and general metastases  
Due to \_\_\_\_\_  
Due to 50  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Carcinoma Right breast, Aug 26 - 1937  
Of operations \_\_\_\_\_  
Of autopsy None performed

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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Walter S. Conley (M. D. or other) \_\_\_\_\_  
Address Columbia Mo Date signed July 3/40

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

**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 \_\_\_\_\_

Licensed Embalmer No. 41321

P. O. Address Columbia, 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.**