

X26390

FILED SEP 10 1941 20
Registration District No. 20

Primary Registration District No. 5822

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Nodaway
 (b) City or town Conception Jct, Mo. (Rural)
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 3 mi. S.E. JEFFERSON TWP./
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 78
 (c) City or town Conception Jct. Mo. (Rural) 0
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20.
 year 1941 hour 11 minute 55 a.m.
 21. I hereby certify that I attended the deceased from Apr 1
1941 to Aug 20 1941;
 that I last saw him alive on Aug 19 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma of Brain Duration Apr 1-1941

Due to _____
 Due to _____
 Other conditions Gift
(Include pregnancy within 3 months of death)

Major findings: Tremulousness, increase in pressure; Sarcoma of brain on autopsy
 Of autopsy NO

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME John Leo Growney

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 21 1902
(Month) (Day) (Year)

8. AGE: Years 38 Months 11 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Conception Jct. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John D. Growney

13. Birthplace Conception Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Farnan

15. Birthplace St. Joseph Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant W. E. Growney

(b) Address Conception Jct. Mo.

17. (a) Burial (b) Date thereof 8-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Columbia Cemetery

18. (a) Signature of funeral director Price Funeral Home.

(b) Address Maryville Mo.

19. (a) Aug 22 1941 (b) Anna Egan
(Date received local registrar) (Registrar's signature)

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? _____ (e) Means of injury _____

23. Signature J. M. Boyles (M. D. or N. D.) 0
 Address Maryville Mo. Date signed _____

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.....

John W. Price

Licensed Embalmer No. 3229

P. O. Address Maryville 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, fact should be so stated above.