

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 19 1942

Registration District No. 308

Primary Registration District No. 5554

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural, News 120  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Rte #3 Independence, Mo. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 38 years (Specify whether years, months or days)

In this community 38 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. R#3 Independence, Mo.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No

3. (a) PRINT FULL NAME George W. Conwell

3. (b) If veteran, name war none

3. (c) Social Security No. 500-03-7472

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1942 hour 10: minute 45 A.M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Eula Conwell

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased: February 5 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased at home if death, 19   to    19  ; that I last saw him alive on May 18, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

8. AGE: Years Months Days If less than one day

72 3 15 hr.    min.

Due to.....

Due to.....

9. Birthplace Clatt County Missouri  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 94W

10. Usual occupation Farmed

11. Industry or business Farming

Major findings: Of operations.....

Of autopsy.....

MOTHER FATHER

12. Name Richard Conwell

13. Birthplace No record Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Lizzie - No record

15. Birthplace No record  
(City, town, or county) (State or foreign country)

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?.....

16. (a) Informant Mrs. Eula Conwell

(b) Address Blue Springs, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date hereof 5/22/42  
(Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cem.

18. (a) Signature of funeral director George Carson

(b) Address Independence Mo.

19. (a) June 3-42 (b) Wm. H. Brown  
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature F. W. Tuttle, M.D. (M. D. or other)  
Address Blue Springs Mo. Date signed 5/25/42

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

40  
00

Dr. Futtle

**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 *[Signature]*  
Licensed Embalmer No. *2767*  
P. O. Address *Indep. 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.