

No. 2
4-12-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED DEC 12 1942
2 3 3

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37691

State File No. _____

Registration District No. _____

Primary Registration District No. 4383

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Graham

(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 35 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

(c) City or town Graham
(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.? No years.

3. (a) PRINT FULL NAME Elizabeth Ann Conaway

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12th
year 1942 hour 5 minute 30 A.M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased November 2nd 1855
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-3, 1942, to 11-12, 1942; that I last saw her alive on 11-11, 1942; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>0</u>	<u>10</u>	_____ hr. _____ min.

Immediate cause of death, Myocardial degeneration and Senility.

Due to _____

Due to _____

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

10. Usual occupation Housewife

Other conditions Had a fall before onset of final illness.
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name George W. Lacey

13. Birthplace Unknown Penn.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Patterson

15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

Major findings: 186 a

Of operations _____

Of autopsy none

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant John Conaway

(b) Address Kansas City, Missouri

17. (a) Burial (b) Date thereof Nov 14 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graham, Missouri

18. (a) Signature of funeral director Terhune & Clark

(b) Address Savannah, Missouri

19. (a) Nov 13 1942 (b) Mr. Ralph Scott
(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 Fall occurred in house.
(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 E. M. Furdley (M. D. or other) _____

Address Graham, Mo. Date signed 11/14/42

1270 (Licensed Embalmer's Statement on Reverse Side)

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

74
0
0

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

Gene Clark

Licensed Embalmer No.

7216

P. O. Address

Savannah

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.