

FILED JAN 13 1943

5886

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

79
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
 (a) County Ozark
 (b) City or town Rural Jackson
 (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 18 years (years, months or days)

3. (a) PRINT FULL NAME Mary Ann Conley
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Harne Conley 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased Aug 27 1878
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 3 18 hr. min.

9. Birthplace Crawford Co. MO
 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER
 12. Name William Nangle
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name Alice Terlan
 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Edna Barber

(b) Address Sander Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-18-42
 (Month) (Day) (Year)

(c) Place: burial or cremation Sander

18. (a) Signature of funeral director O B McNamee

(b) Address Waverlyville, Mo

19. (a) 1-9-1943 (Date received local registrar) (b) Margaret Hutchison (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Ozark
 (c) City or town rural (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 17
 year 1942 hour 1 minute 45 P M.
 21. I hereby certify that I attended the deceased from February
 1940 to Dec 17 1942
 that I last saw her alive on Dec 15 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac De-compensation
 Due to Chronic Valvular disease
5 or more years

Other conditions _____ (Include pregnancy within 3 months of death)
92

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature M J Hoernig (M.D. or other) DD
 Address Salinesville, Mo Date signed 1-6-43

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.....
This body was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.