S. No. 2
—5-42
5-17-39
X32873

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

See also 7972-43

6524

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 145 Primary Registration District No. 5567 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Rural : Kaolin Tmp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6 miles S.W. of Belleview
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

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

(d) Street No. 6 miles S.W. of Belleview
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James Henry Conway

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Lucetta Conway

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

7. Birth date of deceased April 2 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 2 If less than one day hr. min.

9. Birthplace Madison Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name William Elias Conway
13. Birthplace unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucinda Singleton
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillie Bell Pinkley
(b) Address Banner Mo.

17. (a) burial (b) Date thereof 2-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Roselle Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address N. J. White Ironton Mo.

19. (a) Feb 10-43 (b) Mrs J C Rickets
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4
year 1943 hour 7 minute 00P M.

21. I hereby certify that I attended the deceased from Jan. 29, 1943, to Feb 4, 1943
that I last saw him alive on Feb. 4, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature J. P. Hiazzini (M. D. or other)
Address Irondale, Mo Date signed 2-25-43

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 343-1820
Date Filed 3-5-43

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Ancel J. White

Licensed Embalmer No. 3012

P. O. Address Trenton 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.