

Registration District No. 1073

Primary Registration District No. 4173

State File No.

Registrar's No. 12

1. PLACE OF DEATH:

- (a) County Douglas
(b) City or town Ava
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether

In this community _____ years, months or days)

3. (a) PRINT FULL NAME Oscar Neut Conklin

3. (b) If veteran, _____ 3. (c) Social Security
name war _____ No. None

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

6. (b) Name of husband or wife Ollie M. Conklin 6. (c) Age of husband or wife if
alive 62 years

7. Birth date of deceased July 10 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 6 11 hr. _____ min.

9. Birthplace Unknown Iowa _____
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Ephrum Conklin
13. Birthplace Unknown _____
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown _____
(City, town, or county) (State or foreign country)

16. (a) Informant Indell Downs

- (b) Address Ava, Missouri

17. (a) Burial (b) Date thereof 1-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Whites Creek

18. (a) Signature of funeral director Friends

- (b) Address _____

19. (a) 2-4-43 (b) Thelma S. Waters
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Douglas
(c) City or town Ava 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 January day 21
year 1943 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

There was no
doctor at time of
death.

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 sta-
tistically.

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 Thelma S. Waters Registrar
Address Ava, Mo Date signed 3-1-43

RECEIVED

District Health Officer No. 6,

District File Number 7188 343-216

Date Filed MAR 16 1943

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.....

W.B. Lutherson

Licensed Embalmer No. 3431

P. O. Address.....

Arre 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10125
Registrar's No. 12

Registration District No. 101

Primary Registration District No. 4173

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Lawrence
(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. years, months or days)

3. (a) PRINT FULL NAME Oscar Neut Cooklin
(b) If veteran, name war. (c) Social Security No.

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

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

7. Birth date of deceased. (Month) July (Day) 10 (Year) 1898

8. AGE: Years 21 Months 6 Days 17 (If less than one day, in min.)

9. Birthplace. (City, town, or county) Lawrence (State or foreign country) Iowa

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (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 Jan year 1943 hour 12 minute 1 M.

21. I hereby certify that I attended the deceased from that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death There was no doctor at time of death.
Due to Stomach and heart trouble

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 Thelma S. Watne Registrar

Address Cure Date signed 5-1-43

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

SUPPLEMENTARY

Information furnished by Brother

