

Registration District No. **394**

Primary Registration District No. **6273 4547** Registrar's No. \_\_\_\_\_

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

PLACE OF DEATH:

(a) County Worth  
(b) City or town Grant City, Mo.  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Worth  
(c) City or town Grant City, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Rennie Lee Conkle

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or Race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased 3 - 31 - 1943  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Charles E Conkle  
13. Birthplace Grant City, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Madelene Fletchall  
15. Birthplace Grant City, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles E Conkle  
(b) Address Grant City, Mo.

17. (a) Burial (b) Date thereof 4 - 12 - 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Fletchall Cemetery

18. (a) Signature of funeral director Arch C. Stuppell  
(b) Address Grant City, Mo.

19. (a) May 12 - 1943 (b) Arlene Sadden  
(Date filed of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 10  
year 1943 hour 9 minute 40 P. M.

21. I hereby certify that I attended the deceased from 3/31 P.M. 1943 to 4/10 1943  
that I last saw him alive on 4/10 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory pneumonia  
secondary of typhus?

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 64

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy None

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 B. F. Dyland (M. D. or other) MD  
Address Waverlyville, Mo. Date signed 4/12/43

Duration 3 hrs  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

1104

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**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.....

*Arch C. Dimple*

Licensed Embalmer No.....

*3252*

P. O. Address.....

*Grant City, 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.**