

S. No. 2
DOM-2-43
REV. 5-17-39
10-1-58

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29001

State File No. _____

Registrar's No. 258

SEP 7 1943 274
Registration District No. _____

Primary Registration District No. 3052

1. PLACE OF DEATH:

(a) County PETTIS

(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
706 W. BROADWAY
(If not in hospital or institution, write street number or location)

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

In this community 56 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS 80

(c) City or town SEDALIA 15
(If outside city or town limits, write "RURAL") 7

(d) Street No. 706 W. BROADWAY
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME EDITH MERCER CONKLE

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

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

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

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

8. AGE: Years Months Days If less than one day

72 1 1 hr. _____ min.

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

10. Usual occupation House work

11. Industry or business Domestic

12. Name JAMES BARNUM TURK

13. Birthplace Ill 1
(City, town, or county) (State or foreign country)

14. Maiden name AMY MARY MERCER

15. Birthplace Ill 1
(City, town, or county) (State or foreign country)

16. (a) Informant EVA EVANS

(b) Address SEDALIA

17. (a) BURIAL (b) Date thereof 8-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL

18. (a) Signature of funeral director GILLESPIE

(b) Address SEDALIA

19. (a) 8/10/43 (b) Ima Anna Berger
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 8th
year 1943 hour 2 minute P M.

21. I hereby certify that I attended the deceased from 7-23
1943, to 8-8 1943
that I last saw her alive on 8-8 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis (rd)

Due to Hypertension

Due to arteriosclerosis

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN J. M. Rademan MD
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 D

23. Signature J. M. Rademan MD (M. D. or other) _____
Address Sedalia, Mo Date signed 8-10-43

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

MOTHER FATHER

FILED
COUNTY CLERK
MICHIGAN
No. 11
9-3-43

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 Geo Dillard
Licensed Embalmer No. 3868
P.O. Address Bedalia, 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.