

FILED MAY 15 1944

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 100

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hours
In this community 34 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 221 S. Main St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1944 hour 12:50 minute a.m.

21. I hereby certify that I attended the deceased from
Apr 22 to Apr 23 1944
that I last saw h. in alive on Apr 22 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Shock Duration 24 hrs.

Due to Cerebral hemorrhage 24 hrs.

Due to Hypertension unknown

Other conditions Arterio-sclerotic vascular disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 131a
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME

Thomas Conley

3. (b) If veteran, name war No

3. (c) Social Security No. 490-10-236

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 August 5 1873
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 18

If less than one day
hr. _____ min.

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

10. Usual occupation Baker

11. Industry or business Conley Bakery

12. Name Charles E. Conley

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Daniel E. Conley

(b) Address Carthage, Missouri

17. (a) Burial (b) Date thereof Apr. 25, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) April 25 '44 (b) Elizabeth Conley
(Type received local registrar) (Registrar's signature)

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)
Means of injury _____

23. Signature Emory White (M. D. or other) MD
Address Carthage, Mo. Date signed APR 24 1944

1203

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

199
1
3

444-352)

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..... *Emm A. C. C. C. C.*

Licensed Embalmer No. *391*

P. O. Address..... *Carthage*

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.