

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1117 5th. Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Not (Specify whether
 In this community 21 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan 11
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL") 1
 (d) Street No. 1117 5th. Avenue
(If rural, give location) 7
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 11

3. (a) PRINT FULL NAME William Conlin
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 31st.
 year 1944 hour 11:10 minute A. M.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased: August 4 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from JUNE 15 1944 to JULY 31 1944
 that I last saw him imply on JULY 31 1944
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>11</u>	<u>27</u>hr.min.

Immediate cause of death Cancer of Pancreas
 Duration ?

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

Due to _____
 Due to _____

10. Usual occupation Grocery Store

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

11. Industry or business Owner

Major findings: Of operations _____
 Of autopsy Cancer of Pancreas
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Francis M. Conlin
 13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah E. Robison
 15. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Lottie K. Conlin
 (b) Address 1117 5th. Ave., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 8/2/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park, Cemetery

18. (a) Signature of funeral director Walter Meischner
 (b) Address 1302 Farson, St. Joseph, Missouri

19. (a) 8/2/44 (b) Theresa J. Gable
(Date 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?
(Specify type of place) (c) Means of injury

23. Signature R. B. Bauman (M. D. or other) _____
 Address 600 Francis, St. Joseph, Mo. Date signed 7-31-44

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

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

Albert C. Harrington

Licensed Embalmer No.

3258

P. O. Address

H. Joseph, Va.

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.