

No. 2
5-17-28
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27330

State File No. _____

FILED SEP 9 1944

Registration District No. 28

Primary Registration District No. 3007

Registrar's No. 270

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution Lucy Lee - 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 2 hours
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 3 mi. E. of Neelyville
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME VERDIS CONKEY

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 29 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months 11 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name unknown

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

14. Maiden name White Conkey

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

16. (a) Informant White Conkey

(b) Address Neelyville, Mo

17. (a) Burial (b) Date thereof 7-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kensley Cemetery

18. (a) Signature of funeral director Minnie Lisk

(b) Address Naylor, Mo

19. (a) 8-29-44 (b) W. Belle Kinne
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1944 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 2nd to July 6th 1944 that I last saw him alive on July 6 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cholera Infantum

Due to _____

Due to _____

Other conditions: 1190
(Include pregnancy within 3 months of death)

Major findings: 1190

Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

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 _____

23. Signature W. J. Jan (M. D. or other) _____
Address Neelyville Date signed July 6 44

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

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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.....

Bryan McCard

Licensed Embalmer No. *4979*

P. O. Address *Taylor, 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.