

FILED DEC 11 1944

Registration District No. 136

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Plunkett Nursing Home 2115 Sargeant  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 mo's.  
In this community 69 69 years. 4 years, months or days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2117 Porter  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No

3. (a) PRINT FULL NAME Ella Mae Conway

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife Morgan Conway 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased June 25, 1862  
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 3 If less than one day hr. min.

9. Birthplace Fort Scott Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation retired housewife

11. Industry or business

12. Name Heath  
13. Birthplace no record  
(City, town, or county) (State or foreign country)  
14. Maiden name Marla Fields  
15. Birthplace Grundy Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Hugh Conway  
(b) Address Saginaw Mo.  
17. (a) Burial (b) Date thereof 11-30-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director Hurlbut Und. Co.  
(b) Address Joplin Mo.  
19. (a) 11-30-44 (b) Gertie S. Hurlbut  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov., day 28, 1944  
year hour 11-15 A.M. minute M.

21. I hereby certify that I attended the deceased from 5-10, 1943, to 11-28, 1944;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death General Arterio Sclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 97  
Of autopsy \_\_\_\_\_

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) While at work (e) Means of injury \_\_\_\_\_

23. Signature W. J. Overland (M. D. or other)  
Address Joplin Mo. Date signed 11/30/44

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

6-19  
H.S.  
G.P.  
Conway

1204

44-12-994

STATE OF MISSISSIPPI  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**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 *Terry K. Sherburne*

Licensed Embalmer No. *959*

P. O. Address *Apalachee*

**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.**