

No. 2
-542
5-17-39
X32873

FILED MAR 15 1945

Registration District No. **310**

Primary Registration District No. **6029**

Registrar's No. **5**

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

1. PLACE OF DEATH: **Reynolds Rural Logan**

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

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County **Reynolds**
 (c) City or town _____ (If outside city or town limits, write "RURAL") _____
 (d) Street No. _____ (If rural, give location) _____
 (e) Citizen of foreign country? **no** (Yes or No) _____
 If yes, name country _____

3. (a) PRINT FULL NAME **CYNTHIA ADELINE CONWAY**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **7**
 year **1945** hour **6** minute **30** P.M.

21. I hereby certify that I attended the deceased from **Feb 28**, 1945, to **Mar 7**, 1945
 that I last saw her alive on **Feb 28**, 1945, and that death occurred on the date and hour stated above.

4. Sex **F** 5. Color or race **w**
 6. (a) Single, widowed, married, divorced **widow**
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Dec 20 1853**
 (Month) (Day) (Year)

Immediate cause of death **Myocardial degeneration** Duration **5 yrs.**

8. AGE: Years **92** Months **2** Days **17** If less than one day _____ hr. _____ min.

9. Birthplace **Shannon Co Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **retired housewife**

11. Industry or business _____

12. Name **unknown**

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

14. Maiden name **unknown**

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

16. (a) Informant **Mrs Stella Conway**

(b) Address **Abington Mo.**

17. (a) **burial** (b) Date thereof **3-7-45**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Abington Mo.**

18. (a) Signature of funeral director **Phil A. Feucher**

(b) Address **Van Buren Mo.**

19. (a) **3-9-45** (b) **Essie Evans**
 (Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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 **Phil A. Feucher** (M. D. or other) _____

Address **Abington, Mo.** Date signed **3-7-45**

113 b

RECEIVED

District Health Officer No. B,

District File Number. 345-146

Date Filed 3.14-45-

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 was not

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.