

FILED JAN 21 1948 **STANDARD CERTIFICATE OF DEATH**

State File No. _____

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(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 2 months _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Charles Calvin Conway

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

4. Sex m 5. Color or race W
6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased Feb 14, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 10 8 _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name No record

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

14. Maiden name No record

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

16. (a) Informant Mrs Lela Cagle

(b) Address 817 Florida, Joplin, Mo

17. (a) Burial (b) Date thereof 12-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spring River Cem
Verona, Missouri

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Mo

19. (a) 12-26-45 (b) Ed Sperry
(Date received local registrar) (Registrar's signature)

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. 817 Florida
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22
year 1945 hour 3 minute _____ p. M.

21. I hereby certify that I attended the deceased from
Dec 6, 1945, to Dec 22, 1945
that I last saw him alive on Dec 22, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Intestinal
rep. Enteritis + Influenza

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 W. H. ... (M. D. or other)
Address Joplin, Mo Date signed 12/24/45

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

100472

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..... *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address..... *Joplin 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.