S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 23 1946

Dr. Lemmon

State File No. 29998

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 751

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)
In this community 43 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 733 E. Cherry 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME John Charles Conley

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillian Conley

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

7. Birth date of deceased Feb. (Month) 17 (Day) 1882 (Year)

8. AGE: ✓ Years 64 Months 6 Days 27 If less than one day hr. min.

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

10. Usual occupation Traveling Inspt. for Motor Power Dept. of Frisco

11. Industry or business Frisco Employee

MOTHER FATHER

12. Name Patrick Conley

13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

14. Maiden name Rose McDonald

15. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lillian Conley
(b) Address 733 Cherry, Springfield, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-18-46 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Herman H. Lohmeyer
(b) Address Springfield, Missouri

19. (a) 9-17-46 (Date received local registrar) (b) W E Handley M D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14 year 1946 hour 1 minute 20 A.M.

21. I hereby certify that I attended the deceased from 9/13/46 / / 19..., to 9/14/46 19...; that I last saw him alive on 9/14/46 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	2 da.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Diabetes mellitus	20 yrs

Major findings:
Of operations
Of autopsy (0)

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? (Specify type of place) 0
While at work? (e) Means of injury

23. Signature T B Lemmon (M. D. or other) M.D.
Address Springfield Mo Date signed 9/16/46

(Licensed Embalmer's Statement on Reverse Side)

OCT 4 1948

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 Paul L. Rothmeyer

Licensed Embalmer No. 2457

P. O. Address Drury Funeral

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.