

FILED DEC 12 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. 3011

Registrar's No. 139

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution:  
Stator's Hosp  
(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

3. (a) PRINT FULL NAME EDWARD H. CONOVER

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida McGuire 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 25 1868  
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

11. Industry or business Mechanic

12. Name Stephen Conover

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Mrs Edward Conover

(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 11-23-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Stanley Gibson

(b) Address Carrollton Mo

19. (a) 11/21/46 (b) Max Herbert Palmer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 21, year 1946 hour 6:25 minute 0 M.

21. I hereby certify that I attended the deceased from Nov 1 1946 to Nov 21 1946  
that I last saw him alive on Nov 21 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 83A  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

5 da

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) \_\_\_\_\_  
Meaning of injury \_\_\_\_\_

23. Signature W Hamilton Stator (M. D. or other) MD  
Address Carrollton, Mo Date signed 11/21/46

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

MOTHER FATHER

45

Licensee's Name (Type or Print) \_\_\_\_\_

District File Number \_\_\_\_\_

Date Filed 12-11-46

**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 \_\_\_\_\_

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.**