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7-39
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FILED DEC 19 1946

Registration District No. 1927

Primary Registration District No. 5520

Registrar's No. 229

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Windsor R
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Windsor Hosp 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 1938
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton
(c) City or town Lincoln 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ARCHIBALD T CONWELL

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

4. Sex Male 5. Color or race White 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. April 3 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 8 5 hr. min.

9. Birthplace Brown 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant E. T. Beasly

(b) Address Delphia, Mo

17. (a) Burial (b) Date thereof 12 9 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Rever Samuel

(b) Address Delphia, Mo

19. (a) 12-11-46 (b) R.R. Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8
year 1946 hour 12:30 minute 3:30

21. I hereby certify that I attended the deceased from 12-4-46 to 12-7-46
that I last saw him alive on 12-7-46
and that death occurred on the date and hour stated above.

Immediate cause of death, Chronic Myocarditis ?
Duration

Due to old age

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations 930
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) (Means of injury)

23. Signature: Ray B Jordan (M. D. or other)

Address Windsor Mo Date signed 12-9-46

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

RECEIVED
DISTRICT HEALTH OFFICER NO. 7
DISTRICT OF COLUMBIA
Date Recd. 12-17-46

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..... *John F. Reese*
Licensed Embalmer No. *4098*
P. O. Address..... *Tharsaw*

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.