No. 2
—5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8167

Registration District No. 53 Primary Registration District No. 3040 Registrar's No. 106

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU

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

(c) Name of hospital or institution: ST. FRANCIS
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY (Specify whether
In this community 1 DAY
years, months or days).

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County MADISON 62

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

(d) Street No. R.F.D #3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME WILLIAM E. CONLEY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased JULY (Month) 14 (Day) - 1867 (Year)

8. AGE: Years 79 Months 8 Days 15 If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business RETIRED

FATHER
12. Name WILLIAM CONWAY
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name LUCINDA SINGLETON
15. Birthplace MISSOURI (City, town, or county) (State or foreign country)

16. (a) Informant SAM NAJIM

(b) Address FREDERICKTOWN, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-31-47 (Month) (Day) (Year)

(c) Place: burial or cremation FREDERICK TOWN, MO

18. (a) Signature of funeral director Walthers Und Co

(b) Address Cape Girardeau Mo

19. (a) 3-2-1947 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 30 year 4 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from 3/30, 1947 to 3/30/47, 19 ; that I last saw h alive on 3/30/47, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death C. Valvular Cardiac

Due to DIS

Due to Cart

Other conditions (Include pregnancy within 3 months of death) Carcinoma of Colon

Major findings:
Of operations

Of autopsy 46E

Duration

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)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address Cape Girardeau Mo Date signed 3/31/47

44 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4

File Number 447-474

Filed 4-7-47

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 Virgil H. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau

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.

Form 2B
3-45
X43880

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

State File No. April

Registration District No. 53 Primary Registration District No. 30 10 Registrar's No. 106

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

3. (a) PRINT FULL NAME Wm E. Conley

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased July 14 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 4-22-47 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March Day 30 year 1947 hour minute M.

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

Immediate cause of death — Duration

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

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY
Requested information

S-8167