

No. 2
8-43
17-39
X37023

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8296**

FILED MAR 21 1947
Registration District No. _____

Primary Registration District No. **4124**

Registrar's No. **11**

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

1. PLACE OF DEATH: **Clark Kahoka**
(a) County **Clark**
(b) City or town **Kahoka**
(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 **life** years, months or days)

2. USUAL RESIDENCE OF DECEASED: **Clark**
(a) State **Mo.** (b) County **White 23**
(c) City or town **Kahoka**
(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 **Mary Malvina Conlee**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Mar.** day **4**
year **1947** hour **8** minute **15 A.M.**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**
(b) Name of husband or wife **Rev. S. Coulee** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Jan. 21-1865**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Mar 1st** 19**47** to **Mar 4** 19**47**
that I last saw her alive on **Mar 4** 19**47**
and that death occurred on the date and hour stated above.

8. AGE: Years **82** Months **1** Days **13** If less than one day _____ hr. _____ min.

Immediate cause of death **cardiac arthma**
Due to **myocarditis**

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)
10. Usual occupation **housekeeping**

Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name **Benjamin Dralinger**
13. Birthplace **Ind.** (City, town, or county) _____ (State or foreign country)
14. Maiden name **Susan Wilson**
15. Birthplace **Ill. 1** (City, town, or county) _____ (State or foreign country)

Major findings: **93 E**
Of operations _____
Of autopsy _____

16. (a) Informant **Mrs. Sue Milster**
(b) Address **Kahoka Mo.**
17. (a) **Beisal** (b) Date thereof **Mar 6-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Kahoka Co.**

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director **Arthur W. Reed**
(b) Address **Kahoka Mo.**
19. (a) **3/14-47** (b) **RR Burdette**
Date received local registrar (Registrar's signature)

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) (c) Means of injury _____
23. Signature **Perry S. Burton** (M. D. or other) **280**
Address **Kahoka** Date signed **3-27-47**

RECEIVED APR 4 1947
District Health Officer No. 10
District File Number 2-47-528
Date Filed MAR 18 1947

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 *Otis L. Luttinger*
Licensed Embalmer No. *2965*
P. O. Address *Peru 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.