

FILED APR 1 1947
Registration District No. **157**

Primary Registration District No. **3023**

Registrar's No. **77**

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

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clinton Genl Hospit D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 50 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Clinton mo
(If outside city or town limits, write "RURAL")
(d) Street No. 411 E Oak St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Conkwright Keith

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, wid
6. (b) Name of husband or wife Alex E. Keith 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 28 1863
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation House work

11. Industry or business _____

MOTHER FATHER
12. Name Benj Conkwright
13. Birthplace Dont 1 mo 9
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Willa Dogli

(b) Address Clinton mo

17. (a) Burial (b) Date thereof 3-30-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deepwater mo

18. (a) Signature of funeral director B. B. Kenney

(b) Address Clinton mo

19. (a) 3-29-47 (b) B. B. Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1947 hour _____ minute 45 A.M.

21. I hereby certify that I attended the deceased from March 16, 1947, to March 29, 1947;
that I last saw her alive on March 28, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronch - Pneumonia Duration 2 Days
Due to Chronic interstitial Nephritis 6 mo

Due to _____
Other conditions Paralysis from Cerebral 10 yrs
(Include pregnancy within 3 months of death) bulging

Major findings: Of operations none PHYSICIAN _____
Of autopsy none 3/30
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) no
(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) (e) Means of injury C.M.D

23. Signature S. B. Wagon (M.D. or other) C.M.D
Address Clinton Mo Date signed 3/29/47

RECEIVED
District Health Officer No. 7,
District File Number 8-47-333
Date Filed 3-31-47

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 J. E. Conzaler
Licensed Embalmer No. 1891
P. O. Address Clinton, 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!