

FILED AUG 19 1947

Registration District No. 11947

Primary Registration District No. 0048

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Barry
(b) City or town "RURAL" Mc DONALD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Purdy, Mo. Route I.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 18 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town "RURAL" Mc DONALD
(If outside city or town limits, write "RURAL")
(d) Street No. Purdy, Mo. Route I
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country U.S.A.

3. (a) PRINT FULL NAME

Patricia Ann Conley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female race white

5. Color or

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased May 2 1947
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

3 8 hrs 20 min
hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name GLEN JACKSON CONLEY

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

14. Maiden name PAULINA PAULINE LANSDOWN

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

16. (a) Informant Freeman Howard Conley
(b) Address Purdy Mo.

17. (a) BURIAL (b) Date thereof May 6, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sparks Cemetery, Purdy Mo.

18. (a) Signature of funeral director _____

(b) Address _____
19. (a) 8/11/47 (b) Mr. Shefferson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5-6-47 day _____
year 47 hour 3:40 minute _____ M.

21. I hereby certify that I attended the deceased from May 2nd
1947 to May 6 1947

that I last saw h. _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death
Birth Injury due to forceps delivery

Due to _____
Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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)
(e) Means of injury 75

23. Signature J.D. Baldwin (M. D. or other) _____
Address Purdy Mo. Date signed 8-6-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

copy

RECEIVED
District Health Officer No. 6
District File Number 847-258
Date Filed AUG 19 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.....

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.