V. S. No. 2
00M—5-43
Rev. 5-17-39
I, X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26711

Registration District No. 16 Primary Registration District No. 4030 Registrar's No.

1. PLACE OF DEATH:
(a) County Barton
(b) City or town Golden City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At Home
(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 Seven years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barton
(c) City or town Golden City
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George W. Conklin
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maggie D. Conklin
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased August (Month) 15 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
67	11	17	hr. min.

9. Birthplace Ft. Scott (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name George W. Conklin
13. Birthplace New York (City, town, or county) N. Y. (State or foreign country)
MOTHER
14. Maiden name Mary C. Pharr
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Maggie D. Conklin
(b) Address Golden City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 4, 47 (Month) (Day) (Year)
(c) Place: burial or cremation IOOF Cemetery, Golden City
18. (a) Signature of funeral director Chiles Funeral Home
(b) Address Lamar, Missouri
19. (a) Aug. 4 1947 (Date received local registrar) (b) Hazel H. Pugh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2nd year 1947 hour 3 minute 10 a. M.
21. I hereby certify that I attended the deceased from August 2, 19 47, to August 2, 19 47 that I last saw him alive on August 2nd, 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	—
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 Andrew Knapp (M. D. or other)
Address Golden City, Mo. Date signed 8/4/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 61
District File Number 847-867
Date Filed 8-19-42

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 Clarence W Chile

Licensed Embalmer No. 3473

P. O. Address Ke 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.