

S. No. 2  
M-5-43  
V. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34878

State File No. \_\_\_\_\_

FILED NOV 10 1947

Registrar's No. 39

Registration District No. 167

Primary Registration District No. 4256

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

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution:  
6th Street West  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether years, months or days)

In this community 12 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Holden 1  
(If outside city or town limits, write "RURAL")

(d) Street No. 6th Street West 0  
(If rural, give location)

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

If yes, name country XXXX

3. (a) PRINT FULL NAME MARY ELLEN McCONVILLE

3. (b) If veteran, name war none

3. (c) Social Security No. XXXX

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife John McConville

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

7. Birth date of deceased July 28, 1875  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	1	9	hr. min.

9. Birthplace: LaCyn Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

MOTHER FATHER {

12. Name Owen Petty

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

14. Maiden name Lucy Hutton

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

16. (a) Informant Mrs. Goldie Pope

(b) Address Holden, Missouri

17. (a) Burial (b) Date thereof 10/9/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden, Missouri

18. (a) Signature of funeral director Canaday & Ropp

(b) Address Holden, Missouri

19. (a) Oct 31, 1947 (b) Mrs. K. P. Redford  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7  
year 1947 hour 4:15 minute P. M.

21. I hereby certify that I attended the deceased from Nov 12  
1946 to Oct 7 1947  
that I last saw her alive on Oct. 7 - 1947 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to Hyper Tension

Due to Chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations ABD

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 2

23. Signature James M. Schenberg (M.D. or other) D.O.

Address Holden, Mo. Date signed 10-9-47

---

---

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.....

*M. J. Quadey*

Licensed Embalmer No.....

*34341*

P. O. Address.....

*Halder, 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.**