

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

37186

State File No.

FILED NOV 22 1948

Registration District No. 167

Primary Registration District No. 5608

Registrar's No. 43

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

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution:
Route #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution xxx
(Specify whether years, months or days)

In this community 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 57

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

(d) Street No. Route #2
(If rural, give location)

(e) Citizen of foreign country? XXXX (Yes or No) 0
If yes, name country XXXX

3. (a) PRINT FULL NAME Mary Etta Conover

3. (b) If veteran, name war XX

3. (c) Social Security No. XXX

4. Sex female race white

5. Color or race white

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

6. (b) Name of husband or wife A. J. Conover

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

7. Birth date of deceased October 2, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>1</u>	<u>8</u>	hr. min.

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

10. Usual occupation at home

11. Industry or business XXXX

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Albert T. Conover
(b) Address Holden, Missouri

17. (a) Burial (b) Date thereof 11/12/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Decatur, Illinois

18. (a) Signature of funeral director Canaday & Ropp
(b) Address Holden, Missouri

19. (a) Nov 13, 1948 (b) Mrs. R. Redford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10
year 1948 hour 4:30 minute A M.

21. I hereby certify that I attended the deceased from May
4, 1944 to Nov 10 1948
that I last saw her alive on Nov 9 1948
and that death occurred on the date and hour stated above. Duration

Immediate cause of death Chronic Myocarditis

Due to.....

Due to.....

Other conditions Diabetes Mellitus
Ren Arterio sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause of 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 Kelly Paulina (M. D. or other) 0
Address Holden Mo Date signed 11/11/48

MOTHER FATHER

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. 279
working under my personal supervision.

Signed Wm L. Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, 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.