DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 11 1955

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3607

Registration District No. 336 Primary Registration District No. 6129 Registrar's No. 308

1. PLACE OF DEATH:
(a) County Shannon
(b) City or town Rural (Jackson Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 77 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Shannon
(c) City or town Rural 1010
(If outside city or town limits, write "RURAL") 0
(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 Benjamin Douglas Conway

3. (b) If veteran, name war no
3. (c) Social Security No. 500-10-3755

4. Sex Male 0
5. Color or race w
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife dead Volma (Weidger) Conway
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 14 (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	2	3	hr. min.

9. Birthplace Rat (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Tom Conway
13. Birthplace Rat (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Cythinia Conway (Herrin) Maiden
15. Birthplace Rat (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mr. James Wool F
(b) Address Ellington, Mo
17. (a) 1-4-55 (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Conway Cem
18. (a) Signature of funeral director [signature]
(b) Address Salem Mo
19. (a) 6-10-55 (Date received local registrar) (b) Mabel Rollen (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan day 3
year 55 hour 9:11 AM minute M.
21. I hereby certify that I attended the deceased from —, 19, to —, 19;
that I last saw him alive on did not, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Due to Arteriosclerosis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 334 X
Of autopsy

Duration

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 Kenneth T Carter (M. D. or other) DC 2
Address Ellington Mo Date signed Jan 3/55

447-0 (Licensed Embalmer's Statement on Reverse Side)

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. 2370

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.