. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1947

Registration District No. 3398

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16111

Primary Registration District No. 6178

Registrar's No.

1. PLACE OF DEATH:
(a) County Shannon
(b) City or town Eminence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Shannon
(c) City or town Eminence
(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 William G. Conway

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M | 5. Color or race W | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased May (Month) 13 (Day) 1878 (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1947 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: 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.

8. AGE: Years 69 | Months 1 | Days 14 | If less than one day hr. min.

9. Birthplace Douglas Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

MOTHER / FATHER

12. Name James Conway

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 Ernest Conway
(b) Address Eminence Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation Alley Springs

18. (a) Signature of funeral director Clyde A. Terrell
(b) Address Van Buren Mo

19. (a) 5-3-47 (Date received local registrar) (b) Mabel Rose (Registrar's signature)

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 Frank G. Hyde (M. D. or other)
Address Eminence Mo Date signed 4-25-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 54274
Date Filed 5-10-47

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~~ 4-21-47

....., Registered Apprentice No....., working under my personal supervision.

Signed Phil A Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren 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.