

MAY 12 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

14389

Do not use this space.

## 1. PLACE OF DEATH

(a) County Butler Registration District No. 89  
(b) Township Poplar Bluff Primary Registration District No. 5131  
(c) City Poplar Bluff, Mo. (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

516 Mable Jane Conover  
(a) Residence, No. Poplar Bluff, Mo. Rt. 6 St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
Chas Conover

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28, 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
67 2 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois13. NAME John Hershey14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois15. MAIDEN NAME Sally Jane Denison16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois17. INFORMANT (ADDRESS) Chas Conover  
Poplar Bluff, Mo.18. BURIAL, CREMATION OR REMOVAL PLACE Black Creek DATE April 3, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Greer-Croy Service  
Poplar Bluff, Mo.20. FILED 4/4 19 39 Abutsinger  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-26, 1939, to 4-2, 1939  
I last saw him alive on 4-2, 1939 Death is said to have occurred on the date stated above, at 4:4 m.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
Chronic nephritis

Date of onset

Other contributory causes of importance: 10/10

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) W. J. Colay, M. D.  
89 (Address) Poplar Bluff, Mo.

**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 *Chas W Green*

Licensed Embalmer No. *2964*

P. O. Address *T. B. W. D.*

**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, above space should be left blank.**