

REC'D MAY 18 1939

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

14626

Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 201
(b) Township Liberty Primary Registration District No. 5280
(c) City Liberty (d) Street No. 301.2 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 79 yrs. - mos. - ds. (f) How long in U.S., if of foreign birth? ; yrs. mos. ds.
500

2. PRINT FULL NAME

(a) Residence, No. 133 N. Water St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14 - 1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 7 5
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Grocery Merchant
10. Date deceased last worked at this occupation (month and year) 2 mo. ago. 11. Total time (years) spent in this occupation 13
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Mo.
13. NAME John G. Conway
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
15. MAIDEN NAME America Raymond!
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
17. INFORMANT (ADDRESS) Miss Lucy Conway Liberty, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty, Mo. DATE 4/20/39
19. FUNERAL DIRECTOR (ADDRESS) Church - Archer Co Liberty, Mo.
20. FILED 4/19 1939 E. T. Brant Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19 1939
22. I HEREBY CERTIFY, That I attended deceased from May 10, 1937 to April 19, 1939
Last saw him alive on April 18, 1939 Death is said to have occurred on the date stated above, at 6-A m.
The principal cause of death and related causes of importance were as follows:
Coronary Sclerosis Date of onset _____
Other contributory causes of importance: 94 lb
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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? _____
If so, specify JA. Matthews M.D.
(Signed) Liberty, Mo. (Address) _____

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5/2/39

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)