

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

32640

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
 (b) Township 3 Primary Registration District No. 3020
 (c) City Carthage (d) Street No. 822 S. Clinton 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 Lee Conway

(a) Residence, No. 822 S. Clinton 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28, 1939

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .8 hrs. or min.
	0	0	0	8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Baby
 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) Carthage
 (STATE OR COUNTRY) Missouri

13. NAME D. Y Conway

14. BIRTHPLACE (CITY OR TOWN) Lawton
 (STATE OR COUNTRY) Oklahoma

15. MAIDEN NAME Mary E. Spilman

16. BIRTHPLACE (CITY OR TOWN) Wentworth
 (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. D. Y. Conway
 (ADDRESS) 822 S. Clinton

18. BURIAL, CREMATION OR REMOVAL PLACE Sarcosie Cemetery Mo. Sept. 29, 1939

19. FUNERAL DIRECTOR (NAME) Ulmer Funeral Home
 (ADDRESS) Carthage, Mo.

20. FILED Sept. 29, 1939 E. J. McIntire, M.D.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1939, to Sept 28, 1939
 I last saw him alive on Sept 28, 1939. Death is said to have occurred on the date stated above, at 4:00 P.M.
 The principal cause of death and related causes of importance were as follows:

Preterm labor about 1 1/2 months Natural Cause

Date of onset

Other contributory causes of importance: 154

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 _____ (Signed) D. M. A. Davis, D.O.
 (Address) 323 Main Carthage, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Officer No. 6,

District No. 1039-1985

Date Filed OCT 5 1939

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..... *E. L. ...*

Licensed Embalmer No. 7222

P. O. Address.....

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.