

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

38828
Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 4
 (b) Township Boston Primary Registration District No. 3001 Registrar No. 279
 (c) City Keokuk or (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (d) Street No. Adair Co. Hospital (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.

2. PRINT FULL NAME

FLMER CONKLE
 (a) Residence, No. _____ 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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29th 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
35 0 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labour
 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) Brachor, Mo.

FATHER 13. NAME Lewis Conkle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Letitia Rice

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs Russell Rose
Brachor, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brachor, Mo. DATE 1/20 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. P. Emery
Brachor, Mo.

20. FILED Nov 22 1939 Spencer L. Freeman
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19th 1939
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 17 1939, to Nov 19 1939
 I last saw him alive on Nov 19 1939. Death is said to have occurred on the date stated above, at 6:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Syphilis -
Acute encephalitis
 Date of onset 3H
 Other contributory causes of importance:
Lobar Pneumonia

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) A. M. Glue DO
3 (Address) Keokuk 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.

WHITE PLAINLY, WITH UNFAADING INK—THIS IS A PERMANENT RECORD

I X 16603

RECEIVED

District Health Officer No. 10

District File Number 12-39-2183

Date Filed DEC 11 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.....

Licensed Embalmer No.....

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.