FILED AUG 23 1940

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26541

Registration District No. 875 Primary Registration District No. 6162 Registrar's No. 185

1. PLACE OF DEATH:

(a) County VERNON

(b) City or town ~~WASHINGTON~~ T.P. RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: STATE HOSPITAL No 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

In this community 2 MONTHS - 20 DAYS (Specify whether years, months or days) FILL

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAWRENCE

(c) City or town PIERCE CITY
(If outside city or town limits, write "RURAL")

(d) Street No. UNKNOWN
(If rural, give location)

(e) If foreign born, how long in U. S. A.? BORN USA years.

3. (a) PRINT FULL NAME CONLEY - IDA-MAY

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife NOT ON RECORDS.

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

7. Birth date of deceased MAY (Month) 2 (Day) 1858 (Year)

8. AGE: Years 82 Months 2 Days 24 If less than one day 6 hr. — min.

9. Birthplace UNKNOWN (City, town, or county) GEORGIA (State or foreign country)

10. Usual occupation NONE

11. Industry or business NONE

FATHER
12. Name CONLEY RUFUS
13. Birthplace ~~GEO~~ UNKNOWN (City, town, or county) GEORGIA (State or foreign country)

MOTHER
14. Maiden name UNKNOWN - JULIA CONLEY
15. Birthplace UNKNOWN (City, town, or county) GEORGIA (State or foreign country)

16. (a) Informant RECORDS-STATE HOSP No 3
(b) Address NEVADA MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation St. Hospital Cemetery

18. (a) Signature of funeral director Hays Funeral Service
(b) Address Nevada, Mo

19. (a) 7-30-40 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 30 year 1940 hour 6 minute 0 A.M.

21. I hereby certify that I attended the deceased from MAY 6, 1940, 19__ to JULY 30, 1940 that I last saw h. E.R. alive on JULY 30, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death GACHEXIA DUE TO CARCINOMA RIGHT BREAST (ULCERATED) WITH METASTASIS Rt. AXILLA + MEDIASTINUM — Duration

Due to 5D

Due to

Other conditions GENERALIZED ARTERIO SCLEROSIS (Include pregnancy within 3 months of death)

SENILITY.

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No.
(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 PAUL L. Barone (M. D. ~~or other~~)
Address State Hosp No 3 Date signed July 30 1940

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 8-40-1144
Date Filed 8-9-40

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 Allen V. Hays

Licensed Embalmer No. 1968

P. O. Address Neuda, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.