

FILED APR 15 1944

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

11002

Do not use this space.

4
1. PLACE OF DEATH
(a) County Jackson Registration District No. 411
(b) Township Joplin mo Primary Registration District No. 5559 Registered No. 11
(c) City Joplin mo (d) Street No. E. on 7th Street 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 Myrtle Naylor Conley
(a) Residence, No. ~~East of Joplin on 7th St.~~ Baker Springs Kansas.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14 1875
7. AGE YEARS 65 MONTHS 5 DAYS 13 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home work
9. Industry or business in which work was done, as saw mill, bank, etc. Own Home
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) West of Baker Spgs. Kansas.13. NAME J. E. Naylor14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina15. MAIDEN NAME Elizabeth Robbins16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.17. INFORMANT (ADDRESS) M. M. Harrison, Baker Springs Mo.18. BURIAL (CREMATION OR REMOVAL) PLACE Kansas City mo. DATE 3-2919. FUNERAL DIRECTOR (NAME) (ADDRESS) Harveys, Baker Springs Kansas.20. FILED 3-27-44 E. D. Jones Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-27 194422. I HEREBY CERTIFY, That I attended deceased from 3/20 1944, to 3/27 1944.I last saw him alive on 3/27 1944. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

acute dilatation of heart Date of onsetChronic Myocarditis,Coronary Heart Disease

Other contributory causes of importance:

Coronary Heart DiseaseName of operation no Date of noWhat test confirmed diagnosis? no Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury noWhere did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? noIf so, specify (Signed) E. D. Jones (M. D.)(Address) 616 - Joplin Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

41-4-331

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.