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3-40
7-39
X23159

Registration District No. **427**

Primary Registration District No. **4253**

1. PLACE OF DEATH:

(a) County **Johnson**

(b) City or town **Holden** **Madison**

(c) Name of hospital or institution: **-**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **John Joseph Conway**

3. (b) If veteran, name war **-**

3. (c) Social Security No. **-**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **-**

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

7. Birth date of deceased **July 6 1888**
(Month) (Day) (Year)

8. AGE: Years **52** Months **9** Days **27**

If less than one day **-** hr. **-** min.

9. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

10. Usual occupation **Catholic Priest**

11. Industry or business **-**

12. Name **William F. Conway**

13. Birthplace **Ireland**

14. Maiden name **Mary Ann McReady**

15. Birthplace **Ireland**

16. (a) Informant **James B. Conway**

(b) Address **1718 - E 50th St. Terrace N. W. MO**

17. (a) **Burial** (b) Date thereof **May 6 - 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt St Marys Cemetery**

18. (a) Signature of funeral director **Edmond Anderson**

(b) Address **Holden Mo**

19. (a) **May 5, 1941** (b) **Mrs. B. V. Redford**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**

(c) City or town **Holden**
(If outside city or town limits, write "RURAL")

(d) Street No. **705 South Olive St.**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **4**
year **1941** hour **5** minute **30** P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death **By being struck by East bound train Missouri Pacific, Number 14, while driving his car at Railway Crossing at Highway #131 in Northwest Holden**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence **May 4 1941**

(c) Where did injury occur? **Holden Johnson Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **300**
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature **Edmond Anderson** (Date) **5/5/41**
Address **Holden Mo** (City or town) (County) (State)

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

MOTHER FATHER

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.....

Samuel B Rapp

Licensed Embalmer No.....

4044

P. O. Address.....

Holden, Mo.

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, fact should be so stated above.