

S. No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5856

State File No.

FILED - MAR 19 1942
Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ellis Fischel State Cancer Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 days
(Specify whether years, months or days)

In this community 28 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard

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

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

(e) Citizen of foreign country? no (Yes or No)

If yes name country _____

3. (a) PRINT FULL NAME Conley, Frank C.

3. (b) If veteran, name war _____

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
year 1942 hour 8:25 minute 25 P. M.

21. I hereby certify that I attended the deceased from Jan. 23, 1942 to Feb. 20, 1942
that I last saw him alive on Feb. 20, 1942
and that death occurred on the date and hour stated above:

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Mary (Yancey) Conley

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

7. Birth date of deceased Sept. 24, 1886
(Month) (Day) (Year)

Immediate cause of death Liver Insufficiency
Carcinoma of hepatic capsule
of colon with metastases to
liver and regional lymph
nodes.

Duration 6 yrs.

8. AGE: Years 55 Months 4 Days 26
If less than one day hr. _____ min. _____

Due to _____

Due to _____

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

9. Birthplace Boone County Mo.
(City, town, or county) (State or foreign country)

Major findings: H&E
Of operations _____

10. Usual occupation _____

Of autopsy Above

11. Industry or business Barbers

MOTHER { 12. Name Columbus W. Conley

13. Birthplace Boone Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret P. Coleman

15. Birthplace Boone County Mo.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Patient

(b) Address Armstrong, Mo.

17. (a) Burial (b) Date thereof 2-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Armstrong, Mo.

22. If death was due to external causes, fill in the following:

(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? _____

18. (a) Signature of funeral director A. H. Eldaker

(b) Address Armstrong, Mo.

19. (a) 2/21/42 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(r) Means of injury _____

23. Signature Phedra P. Steward (M. D. or other) _____

Address Columbia, Mo. Date signed 2/24/42

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

10
2
4

MOTHER

MAR 26 1942

APR 22 1944

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. *1667*

P. O. Address *Armstrong Md*

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.