

FILED APR 27 1942

Primary Registration District No. 3086-548

Registrar's No. 30

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2  
4  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: White Convalescent Home #4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital 6 weeks  
(Specify whether years, months or days)

In this community most of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 010

(c) City or town Columbia, Mo. 2  
(If outside city or town limits, write "RURAL") 4

(d) Street No. 322 Locust St.  
(If rural, give location)

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

If yes, name country — 0

3. (a) PRINT FULL NAME IDA CONKLIN.

3. (b) If veteran, name war —

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31 st.  
year 1942 hour 9:30 minute 9 M.

21. I hereby certify that I attended the deceased from 1939  
19 42 to 3-31- 19 42

that I last saw her alive on 3-3 19 42  
and that death occurred on the date and hour stated above.

4. Sex F, 1 5. Color or race W. 6. (a) Single, widowed, married, Divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 1871  
(Month) (Day) (Year)

Immediate cause of death Ascites General Inertia  
Duration

Due to Myo Carditis several yrs.

8. AGE: Years 71 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Other conditions 938  
(Include pregnancy within 3 months of death)

9. Birthplace Indiana 1  
(City, town, or county) (State or foreign country)

10. Usual occupation at Home

Major findings: None

Of operations \_\_\_\_\_

Of autopsy None

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henry Powers

13. Birthplace Indiana 1  
(City, town, or county) (State or foreign country)

14. Maiden name Knowlton

15. Birthplace " 9  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Clarence Conklin

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 4-2-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Union

18. (a) Signature of funeral director Parters 35. (with)

(b) Address Columbia Mo

19. (a) 4-1-42 (b) Edna H. Barber  
(Date received local registrar) (Registrar's signature)

While at work? Yes (Specify type of place) \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature W. H. Dyer (M. D. or other) \_\_\_\_\_

Address Columbia Mo Date signed 4/1/42

**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 W. H. VanderVenter;  
Licensed Embalmer No. 2494,  
P. O. Address Columbia, 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.**