

1. PLACE OF DEATH:

(a) County NOBOWAY  
(b) City or town BURLINGTON JCT MARKYILLE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
MARTIN LINDENFATHER HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

8. (a) PRINT FULL NAME WILLIAM CONWAY

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED

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

7. Birth date of deceased FEBR 14 1955  
(Month) (Day) (Year)

8. AGE: Years 87 Months 1 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace HAVERSTOWN IND  
(City, town, or county) (State or foreign country)

10. Usual occupation BLACKSMITH

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

MOTHER FATHER { 12. Name JOHN CONWAY  
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant AUSTIA STEVENS  
(b) Address 2521 E 10TH K.C. Mo

17. (a) BURIAL (b) Date thereof 3 27 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OHIO CEMETERY

18. (a) Signature of funeral director J. H. HANN

(b) Address BURLINGTON JCT Mo

19. (a) March 27, 1942 (b) Mary Coile  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NOBOWAY 074  
(c) City or town BURLINGTON JCT  
(If outside city or town limits, write "RURAL")  
(d) Street No. NONE  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25  
year 1942 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Mar 15, 1942, to Mar 25, 1942, that I last saw him alive on Mar 25, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Coronary atherosclerosis 1 mo.

Due to Basophilic hyperostrophy of Prostate

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

Other conditions (Include pregnancy within 3 months of death) 137a

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 1

23. Signature W. H. Langfellow (M. D. or other) DO.  
Address Manville, Mo. Date signed 3-27-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

74  
1  
2

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.....

*myself*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Stanley Swanson*.....

Licensed Embalmer No. *3963*.....

P. O. Address *Hopkins, 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, above space should be left blank.**