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ev. 5-17-39
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15818

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 13 1942

Registration District No. 225

Primary Registration District No. 2039

Registrar's No. 105

108
21
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County NEVADA

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

(c) Name of hospital or institution: NEVADA City Hosp - 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY
(Specify whether years, months or days)

In this community 1 DAY
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BATES

(c) City or town RtD Rich Hill
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? 1
(Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME NEWTON H CONYERS

3. (b) If veteran, name war: No.

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR day 29 year 1942 hour 7 minute 7 M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife KATIE 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased APRIL 28 1850
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1st to Apr 29 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 0 Days 1 If less than one day hr. min.

Immediate cause of death: Chronic Nephritis 2 yrs

Due to Urteral stenosis 4 yrs

Due to

Other conditions: 1318
(Include pregnancy within 3 months of death)

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

PHYSICIAN

Major findings: 1318
Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

10. Usual occupation RETIRED

11. Industry or business MERCHANT

12. Name JAMES H CONYERS

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

14. Maiden name SARAH WEHR

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

16. (a) Informant Robert Conyers

(b) Address Rich Hill Mo

17. (a) Burial (b) Date thereof MAY 1-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Boothe

(b) Address Rich Hill Mo

19. (a) 5-6-42 (b) Elizabeth Buckenidge
(Date received local registrar) (Registrar's signature)

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 8
(Specify type of place) (e) Means of injury

23. Signature Wm H. Allen (M. D. or other) 8

Address Home Mo Date signed 5/11/42

RECEIVED

District Health Officer No. 7,

District File Number 5-42-453

Date Filed 3-11-42

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 John G. Hudson

Licensed Embalmer No. 3585

P. O. Address Butler 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.