

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 25 1943
Registration District No. 10

Primary Registration District No. 3002

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

4
1
2

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mexico General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Audrain
(c) City or town Martinsburg
(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 0

3. (a) PRINT FULL NAME Arthur Clarence Conover
3. (b) If veteran, name war No 3. (c) Social Security No. 702-05-8284

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 25th
year 1943 hour 5:15 minute 30 A. M.
21. I hereby certify that I attended the deceased from April 15th
1943 to April 25th 1943
that I last saw him alive on April 25th 1943
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 Edith Conover 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 29, 1891
(Month) (Day) (Year)

Immediate cause of death: Acute Cardiac Failure
Due to Acute Coronary Occlusion
Due to Hypertensive Cardiac + De-compensation of heart
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
52 4 24 _____ hr. _____ min.

9. Birthplace Christman, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Telegraph Operator

11. Industry or business C. B. & Q. R. R.

MOTHER FATHER { 12. Name Chas. E. Conover
13. Birthplace Christman, Ill. (City, town, or county) (State or foreign country)
14. Maiden name Mary Boston
15. Birthplace Christman, Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edith Conover

(b) Address Martinsburg, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/27/43
(Month) (Day) (Year)

(c) Place: burial or cremation Stanberry, Missouri

18. (a) Signature of funeral director [Signature]

(b) Address Mexico, Missouri

19. (a) Apr-26-1943 (Date received local registrar) (b) Margaret H Machie (Registrar's signature)

PHYSICIAN
Underline the cause to which death should be charged statistically.
[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? _____ (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 _____
23. Signature J. P. Jones (M. D. or other) Mo.
Address 1005 W. 4th, Mexico Date signed 4/28/43

APR 12 1953

APR 1 1953

RECEIVED

District Health Officer No. 10

District File Number 5-43-931

Date Filed MAY 21 1943

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 [Signature]

Licensed Embalmer No. 3569

P. O. Address Mexico Ind

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.