

No. 2  
1-10-39  
17-36  
2-14-42

21195

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

JUL 12 1943  
Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Bonville Mo.

(c) Name of hospital or institution: Alber Van Ravenswaay Hospital

(d) Length of stay: In hospital or institution 11 days

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard <sup>45</sup>

(c) City or town Rural <sup>0</sup>

(d) Street No. RR 1 Franklin Mo.

(e) If foreign born, how long in U. S. A? 1 years.

3. (a) PRINT FULL NAME MARGARETTE ANN CONROW

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month JUNE day 27 year 1943 hour 1 minute P. M.

4. Sex Female 5. Color or race White

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

6. (c) Age of husband or wife if alive None years

8. (b) Name of husband or wife Samuel C. Conrow Dec

7. Birth date of deceased March 6 - 1859

21. I hereby certify that I attended the deceased from VAN 1939 to JUNE 27 1943 that I last saw her alive on JUNE 27 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months 3 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death CA OF UTERUS <sup>4-5 yrs.</sup>  
2 METASTASIS TO <sup>6 mo.</sup>  
Due to LIVER

9. Birthplace Howard Co. (City, town, or county) (State or foreign country)

10. Usual occupation at Home

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

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

11. Industry or business Housewife

12. Name Mathew Amick

13. Birthplace Howard Co. Mo.

14. Maiden name Sarah Purnum

15. Birthplace Howard Co. Mo.

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

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

16. (a) Informant Francis Conrow

(b) Address Franklin Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/27

(c) Place: burial or cremation Claspo Chapel

18. (a) Signature of funeral director C. S. Newlon

(b) Address New Franklin Mo.

19. (a) June 29 43 (Date received local registrar) (b) Archas Swap (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? \_\_\_\_\_ (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 Lucius H. Wells (M. D. or other) <sup>0</sup>

Address Bonville Mo. Date signed 6-29-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

7-9-43

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

*R. B. Lee*

Licensed Embalmer No. 3515

P. O. Address

*New Franklin, Va.*

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.