

FILED JUN 8 1944
Registration District No. 1944Primary Registration District No. 3000Registrar's No. 139

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Kirksville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
616 Stacey
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 40RX 40 years years, months or days)

3. (a) PRINT FULL NAME William Henry Conley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased May 4 1880
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 0 27 hr. min.

9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)10. Usual occupation Laboer

11. Industry or business _____

12. Name Harvey Conley13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)14. Maiden name Elizabeth Lowe15. Birthplace Iowa 1
(City, town, or county) (State or foreign country)16. (a) Informant Harley Conley(b) Address 1101 N. Franlin, Kirksville17. (a) Burial (b) Date thereof June 4 1944
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Forest Park, Kirksville18. (a) Signature of funeral director C. C. Hopper(b) Address 674/4419. (a) 6/4/44 (b) Mr. J. L. Wagner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair
 (c) City or town Kirksville
 (If outside city or town limits, write "RURAL")
 (d) Street No. 616 Stacey
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1944 hour 19 minute 45 A. M.21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death Acute Dilatation of heart Duration 10 min.
Chronic Myocarditis 7

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: 93d
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 M. J. Hubertshin (M.D. or other) 00Address Kirksville, Mo. Date signed 5-31-44

RECEIVED

District Health Officer No. 10

District File Number 6-44-1071

Date Filed JUN 7 1944

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

Louis C. Hopper

Licensed Embalmer No.

4761

P. O. Address

Claremont, 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.