No. 2
-5-42
-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 8 1944

Registration District No. 126

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18029

Primary Registration District No. 2000

Registrar's No. 439

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 20 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 1237 Benton
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Conkling - Dr. Alice. C.

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased May (Month) 29 (Day) 1851 (Year)

8. AGE: Years 92 Months 11 Days 22 If less than one day hr. min.

9. Birthplace Overland (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Retired School Teacher

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unk. (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unk. (State or foreign country)

16. (a) Informant John M. Conkling
(b) Address 1237 Benton Ave., Spfd. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director Fred C. Thieme
(b) Address 1100 Boonville, Spfd. Mo.

19. (a) 5-23-44 (Date received local registrar) (b) D W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st year 1944 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from May 19, 1944, to May 21, 1944 that I last saw her alive on May 20, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-Pneumonia	3
Due to	
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

107

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Guy D Bellaway (M. D. or other) MD

Address Springfield Mo. Date signed 5/23/44

984

(Licensed Embalmer's Statement on Reverse Side)

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 Fred C. Phieme

Licensed Embalmer No. 2899

P. O. Address Fred Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi[illegible] above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.