. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1944

Registration District No. 31

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4462

State File No. 22370

Registrar's No.

1. PLACE OF DEATH:

(a) County St Francois

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

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

(d) Length of stay: In hospital or institution — (Specify whether 1
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Francois

(c) City or town Elvins Mo 94
(If outside city or town limits, write "RURAL")

(d) Street No. — 3
(If rural, give location) 1

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

If yes, name country — 0

3. (a) PRINT FULL NAME Hiley Ann Conzelman

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased Nov 13 (Month) (Day) 1889 (Year)

8. AGE: Years 64 | Months 6 | Days 8 | If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business —

FATHER
12. Name Johnathan Kregley
13. Birthplace (City, town, or county) Ill (State or foreign country)

MOTHER
14. Maiden name Rebecca Langley
15. Birthplace (City, town, or county) Ill (State or foreign country)

16. (a) Informant James McFarland
(b) Address Elvins Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-44 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Sparks
(b) Address Flat River Mo

19. (a) May 29 1944 (Date received local registrar) (b) Forrest Robins (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month May day 21 year 1944 hour 13 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 15, 1943, to May 21, 1944 that I last saw her alive on May 21, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	
Due to	
Due to	
Other conditions Hypertension — 2-3 yrs (Include pregnancy within 3 months of death) Arthritis several yrs	
Major findings: Of operations	
Of autopsy 83a	

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 F. W. Zuspan M.D. or other D.O.

Address Flat River Date signed 7/22/44

1373 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 644-3987

Date Filed 6-17-44

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 Everett Sparks

Licensed Embalmer No. 4287

P. O. Address Flat River 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.