V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1945

Registration District No. 107

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13296

Primary Registration District No. 3019

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett (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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin

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

(d) Street No. 708 Vine St (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lary Gene Conoy

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 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 8 (Day) 1944 (Year)

8. AGE: Years | Months 2 | Days 18 | If less than one day hr. min.

9. Birthplace Kennett (City, town, or county) Mo (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Edgar Conoy
13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Norma Chaple
15. Birthplace Rector (City, town, or county) Ark (State or foreign country)

16. (a) Informant Norma ~~Chaple~~ Conoy

(b) Address 708 Vine St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-45 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cem

18. (a) Signature of funeral director Link Und Co

(b) Address Kennett Mo

19. (a) 3-7-45 (Date received local registrar) (b) Julia Blankenship (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 26 year 1945 hour 3 minute 15 P M.

21. I hereby certify that I attended the deceased from Jan 25, 1945, to Jan 26, 1945 that I last saw her alive on Jan 26, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Acute lobar pneumonia — Duration 2 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

108

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 [illegible] (M. D. or other)

Address Kennett Mo Date signed 1/28/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 445-509
Date Filed 4/7/45

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.....

Licensed Embalmer No.....

P. O. Address.....

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.