

S. No. 2
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7-5-17-39
P-I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED MAY 6 1946 STANDARD CERTIFICATE OF DEATH

State File No. **13660**

Registration District No. **162**

Primary Registration District No. **5595**

Registrar's No. **20**

1. PLACE OF DEATH:

(a) County **JEFFERSON**
(b) City or town **RURAL ROCK TOWNSHIP**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
HIGHWAY 61 1 MILE SOUTH OF BARNHART MO
(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 **ILLINOIS** (b) County **MADISON**
(c) City or town **GRANITE CITY**
(If outside city or town limits, write "RURAL")
(d) Street No. **NE1** (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

ELDON LEROY CONLEY

3. (b) If veteran, name war _____ 3. (c) Social Security No. **335-10-4903**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **GRACE MAE CONLEY** 6. (c) Age of husband or wife if alive **32** years

7. Birth date of deceased **JAN 10 1908**
(Month) (Day) (Year)

8. AGE: Years **38** Months **3** Days **10** If less than one day _____ hr. _____ min.

9. Birthplace **MURPHYSBORO ILLINOIS**
(City, town, or county) (State or foreign country)

10. Usual occupation **CORE MAKER**

11. Industry or business **STEEL MILLS**

12. Name **JOSEPH CONLEY**

13. Birthplace **UNKNOWN** (City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

15. Birthplace **UNKNOWN** (City, town, or county) (State or foreign country)

16. (a) Informant **MRS ELDON L. CONLEY**

(b) Address **GRANITE CITY ILL.**

17. (a) **REMOVAL** (b) Date thereof **APR 21 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **GRANITE CITY, ILL.**

18. (a) Signature of funeral director **HEILIGTAG FUNERAL HOME**

(b) Address **KIMMSWICK MO.**

19. (a) **4-21-46** (b) **Phil J. Turk**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **April** day **20** year **1946** hour **8:30** minute **9** P. M.

21. I hereby certify that I attended the deceased from **Coroner's Case** to **Coroner's Case**, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death **Product of Coroner's Jury - Accidental death due to Automobile accident. Said accident caused by Corless driving of party driving car in which deceased was killed.**

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

Major findings: Of operations _____ Of autopsy _____

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) **Accident** **50**

(b) Date of occurrence **April 20, 1946**

(c) Where did injury occur? **Highway #61** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **On Highway #61 - South of Bourbon** (Specify type of place) (e) Means of injury **Automobile**

23. Signature **J. B. Edwards** (M.D. or other) **Coroner**

Address **Order 1811, No. _____** Date signed **4/20/46**

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

175

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-3-46

8661
LAW

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. May
Registrar's No. 208

Registration District No. 162 Primary Registration District No. 5595

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Rural
(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

3. (a) PRINT FULL NAME Eldon L. Conley
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased Jan 10 1904
(Month) (Day) (Year)

8. AGE: Years 38 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 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 _____

Accidental death due to automobile accident - said accident caused by careless driving of party driving car in which deceased was killed. Collision, automobile and truck - on highway #61, Jefferson County, Mo.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings _____ Of operations _____
Of autopsy Name - M. H. H.

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) Accident
(b) Date of occurrence April 20th 1946
(c) Where did injury occur? Burnham, Mo. Jefferson Co.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway #61
While at work? _____ (Specify type of place)
(e) Means of injury Automobile

23. Signature T. B. Edwards (M. D. or other) _____
Address cedar Hill, Mo. Date signed 5/7/46

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

SUPPLEMENTARY

12566

13660