

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 22 1947

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: East Suburbs
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 42 Years (Specify whether
In this community 42 Years years, months or days)

3. (a) PRINT FULL NAME SANFORD FRANCIS CONLEY JR.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eleanor Mauze Conley 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 11 - 18 - 1904 (Month) (Day) (Year)

8. AGE: Years 42 Months 1 Days 28 If less than one day hr. _____ min. _____

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

10. Usual occupation Mgr. of Brickyard

11. Industry or business _____

MOTHER FATHER { 12. Name S.F. Conley
13. Birthplace Columbia Missouri (City, town, or county) (State or foreign country)
14. Maiden name Gertrude Broadhead
15. Birthplace Pleasant Hill Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S.F. Conley Jr.
(b) Address East Suburbs Columbia Mo
17. (a) Burial (b) Date thereof 1-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parson Funeral Service
(b) Address Columbia, Mo.

19. (a) 1-17-47 (Date received local registrar) (b) Mrs. R. E. Palmer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia (If outside city or town limits, write "RURAL")
(d) Street No. East Suburbs (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16 year 1947 hour _____ minute 6 P. M.

21. I hereby certify that I attended the deceased from Jan 16 to Jan 16, 1947
that I last saw him alive on Jan 16 and that death occurred on the date and hour stated above. 1947

Immediate cause of death Coronary occlusion
Due to _____
Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 94A

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 _____
23. Signature [Signature] (M. D. or other) _____
Address Columbia Mo Date signed 1/17/47

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

REC 15 1947

Date Filed 1-20-47

District File Number _____

District Health Officer No. 9,

RECEIVED

APR 1 1947

FEB 14 1947

JAN 30 1947

FEB 4 1947

SEP 13 1947

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 Tom M. Harg

Licensed Embalmer No. 4067

P. O. Address Columbia, 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.