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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8613

FILED MAR 21 1947

Registration District No. 728 — Primary Registration District No. 2000 — Registrar's No. 155

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 12 Days (Specify whether
In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 34

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1237 Benton Ave. 6
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MAUDE L. CONKLING

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John M. Conkling

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased January (Month) 31, (Day) 1872 (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	0	19	hr. min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name George J. Luckey
13. Birthplace unknown (City, town, or county) unknown (State or foreign country) 9

MOTHER
14. Maiden name Frances Ward
15. Birthplace unknown (City, town, or county) unknown (State or foreign country) 9

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

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 21, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park

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

19. (a) 2-24-47 (Date received local registrar) (b) W T Handley M D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20th year 1947 hour 2:30 A.M. minute M.

21. I hereby certify that I attended the deceased from Feb 8, 1947, to Feb 20, 1947, that I last saw her alive on Feb 19, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. Myocarditis with hypertension	10 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Bronchial Asthma	several years

Major findings:
Of operations
Of autopsy 9 30

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 0

23. Signature Guy D Callaway (M. D. ~~or other~~)
Address Springfield Date signed 2/22/47

(Licensed Embalmer's Statement on Reverse Side)

DEC 5 1950

APR 4 19

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 Ralph Thum

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.