

S. No. 2  
DM-5-43  
5-17-39  
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 1

1592

FILED JAN 19 1948  
Registration District No. 184

Primary Registration District No. 3032

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

1. PLACE OF DEATH:  
(a) County Johnson  
(b) City or town Warrensburg  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Warrensburg Clinic  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 hours  
(Specify whether years, months or days)  
In this community 4 years

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

3. (a) PRINT FULL NAME Andrew Jackson Conover  
(b) If veteran, name war none  
(c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month January day 4  
year 1948 hour 9/10 minute \_\_\_\_\_ A.M.  
21. I hereby certify that I attended the deceased from January 3, 1948, to January 4, 1948.  
that I last saw him alive on January 4 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mary Etta Conover  
6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased December 22, 1864  
(Month) (Day) (Year)

Immediate cause of death  
Self inflicted gun shot wound in head  
Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
73 0 12 hr. min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Other conditions Den Arterio sclerosis  
(Include pregnancy within 3 months of death)

10. Usual occupation farmer & Merchant  
11. Industry or business retired

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
12. Name Albert Taylor Conover  
13. Birthplace Illinois Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) suicide  
(b) Date of occurrence 1/3/48 - 11:00 PM  
(c) Where did injury occur? Holden, Johnson Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
in home on farm  
(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury gun

16. (a) Informant Albert T. Conover  
(b) Address Route #2, Holden, Missouri  
17. (a) Burial (b) Date thereof 1/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Decatur, Illinois  
18. (a) Signature of funeral director Canaday and Ropp  
(b) Address Holden, Missouri  
19. (a) Jan 5, 1948 (b) Sarannah Crestfield  
(Date received local registrar) (Registrar's signature)

23. Signature Kelly Rawlins (M. D. or other)  
Address Holden Mo Date signed 1/4/48

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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. *3434*

P. O. Address. *Holden, 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.**