ARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 14 1948

X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36030

State File No.

Registration District No. 98

Primary Registration District No. 5368

Registrar's No. 102

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

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town Coffey Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓ 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Daviess 31

(c) City or town Coffey (If outside city or town limits, write "RURAL") 8

(d) Street No. ✓ (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charley Conaway.

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Myrtle Conaway

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

7. Birth date of deceased Dec (Month) 5 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	10	26	hr. min.

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

10. Usual occupation ✓

11. Industry or business retired farmer.

FATHER
12. Name Aquilla Conaway.
13. Birthplace ✓ (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Rebecca Read
15. Birthplace ✓ (City, town, or county) ~~Mo.~~ Va. (State or foreign country)

16. (a) Informant Mrs Myrtle Conaway

(b) Address Coffey, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-1948 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Coffey Cemetery

18. (a) Signature of funeral director Robert V. Dunham

(b) Address Pattonsburg Mo.

19. (a) 4 Dec, 1948 (Date received local registrar) (b) Hugues M Engelbert (Registrar's signature) 81

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 10 day 31 year 1948 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from 10/31/48, 19, to 10/31/48, 19; that I last saw him alive on 10/31/48, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 2

23. Signature A R J Baumgardner (M. D. or other) WO

Address Coffey Mo. Date signed 10/31/48

(Licensed Embalmer's Statement on Reverse Side)

HEALTH OFFICE
Cameron, Mo.

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 Robert V. Dunham

Licensed Embalmer No. 4582

P. O. Address Gallatin, 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.