

FILED DEC 6 1949

Birth no. 17138-49

Registration District No. **299**

Primary Registration District No. **4338**

Registrar's No. **19**

1. PLACE OF DEATH:
(a) County **Reynolds**
(b) City or town **3 1/2 mi. N. of Centerville**
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Reynolds**
(c) City or town **Reynolds**
(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 _____

3. (a) PRINT FULL NAME **Emory Dean Conway**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug.** day **14** year **1949** hour **40** minute **00 P.** M.
21. I hereby certify that I attended the deceased from **Aug 14** 19 **49**, to **Aug 14** 19 **49** that I last saw him alive on **8/14/49 at 1:00 a.m.** and that death occurred on the date and hour stated above.

4. Sex **M. D.** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Infant**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Feb 22 1949**
(Month) (Day) (Year)

Immediate cause of death _____ Duration _____
Cholera - infantum few hrs

8. AGE: Years Months Days If less than one day
3 22 hr. _____ min.

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace **3 1/2 N.E. of Centerville**
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____

10. Usual occupation **laborer**

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? _____

11. Industry or business _____

12. Name **Emory Shade Conway**
13. Birthplace **Rat MO.**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Emma Hasley**
15. Birthplace **Centerville MO.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Serathe Conway**
(b) Address **Pesterville MO.**
17. (a) Burial (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation **Centerville MO**

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

While at work? _____ (Specify type of plague) _____ (Specify type of injury) _____
Signature **E. W. [illegible]** (M. D. or other) **M.D.**
Address **Pesterville MO** Date signed **8/15/49**

19. (a) **8/15/49** (b) **E. W. [illegible]**
(Date received local registrar) (Registrar's signature)

WHILE FILING - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

RECEIVED 11/28/49

District Health Officer No. 5,

District File Number 1149722

Date Filed 11/30/49

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.