N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAR 17 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6800
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper
(b) Township
(c) City Carthage
Registration District No. 408
Primary Registration District No. 3020 Registered No. 42
(d) Street No. Stone Memorial Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 1 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William H. Conrad
(a) Residence, No. R.F.D. # 3. St. Neosho Missouri
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Fredonia Conrad
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1866
7. AGE: Years 72 | Months 6 | Days 13 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Virginia

FATHER
13. NAME Jacob Conrad
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Mary----Unknown
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Virginia

17. INFORMANT Mrs. W. H. Conrad (ADDRESS) Neosho Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE Neosho I.O.O.F. DATE Feb. 15 39
19. FUNERAL DIRECTOR (NAME) Corley Thompson (ADDRESS) Neosho Missouri
20. FILED Feb. 28, 1939 E. J. McIntire M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 12, 1939
22. I HEREBY CERTIFY, That I attended deceased from June 18, 1937, to Feb 12, 1939
I last saw him alive on Feb 12, 1939. Death is said to have occurred on the date stated above, at 3:17 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious anemia	

Other contributory causes of importance:
Asthma Chronic
NOT tuberculosis

Name of operation ..... Date of .....
What test confirmed diagnosis? Lab. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Melvin McCullough D.O. M.D.
(Address) Savings Bk. Bldg. Neosho

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 6-39-560
Date Filed MAR 9 1939

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 Gail K. Gay
Registered Apprentice No. 189, working under my personal supervision.

Signed Carley Thompson
Licensed Embalmer No. 3259
P. O. Address Neosho Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.