

36  
8  
2  
JUL 6 1930

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

22063  
Do not use this space.

1. PLACE OF DEATH

(a) County FRANKLIN Registration District No. 297  
(b) Township..... Primary Registration District No. 3016 Registered No. 67  
(c) City WASHINGTON (d) Street No. .... 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 66 yrs. 10 mos. 8 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

563 FREDERICK J. CONRAD  
(a) Residence, No. 237 High St. Washington, Mo. St.  (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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Sophia Conrad

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12th, 1872.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
66 10 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired farmer.  
9. Industry or business in which work was done, as saw mill, bank, etc. X  
10. Date deceased last worked at this occupation (month and year) 1935. 11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (CITY OR TOWN) Washington, Missouri.

13. NAME John Frederick Conrad.

14. BIRTHPLACE (CITY OR TOWN) Unknown.  
(STATE OR COUNTRY) Germany.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (CITY OR TOWN) Unknown.  
(STATE OR COUNTRY) Unknown.

17. INFORMANT Mrs. John Cierpiot.  
(ADDRESS) Washington, Missouri.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Washington, Mo. DATE June 23rd, 1930.

19. FUNERAL DIRECTOR (NAME) Nieburg & Vitt, Inc.,  
(ADDRESS) Washington, Missouri.

20. FILED June 24 1930 A. J. May  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 20, 1930.

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 5:30 P. M.

The principal cause of death and related causes of importance were as follows:

ACCIDENTAL DROWNING, DUE TO CAVING OF MISSOURI RIVER BANK ONE MILE ABOVE CITY OF WASHINGTON.

Other contributory causes of importance: 1930

Name of operation None Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? NO.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury June, 20, 1930  
Where did injury occur?.....  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
Missouri River.  
Manner of injury Caving of River Bank.  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO.  
If so, specify.....  
(Signed) Phoebe S. Shaffer 4  
Sullivan, Mo. Coroner M.D.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X 16005

---

---

**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, above space should be left blank.**