

7-39
K23

DEC 11 1940
Registration District No. **821**

Primary Registration District No. **4553**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)
(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 _____

3. (a) PRINT FULL NAME CORA ERVIN CONRAD

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Oscar Conrad 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 26 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 2 6 _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name S. H. Ervin

13. Birthplace Cape County Mo
(City, town, or county) (State or foreign country)

14. Maiden name Evelyn Walpers

15. Birthplace Cape County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Edna Wallace

(b) Address Sikeston, Mo.

17. (a) burial (b) Date thereof 12-4-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cape Girardeau

18. (a) Signature of funeral director E. A. Dempster

(b) Address Sikeston, Mo.

19. (a) 12-6-1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott
(c) City or town Sikeston
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5
year 1940 hour 5:00 AM minute _____ M.

21. I hereby certify that I attended the deceased from 19.33
_____, 19.____ to Dec 3, 19. 40
that I last saw her alive on Dec. 3, 19. 40
and that death occurred on the date and hour stated above.

Immediate cause of death Illness - Colitis

Due to Chronic Myocarditis and arter.

Due to _____
Other conditions g.c.
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 _____
23. Signature N. B. Shagmorton (M. D. or other) _____
Address Sikeston, Mo Date signed 12-3-40

Duration 4-5 days
Physician Kay
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 2

District File Number 1240-179

Date Filed 12/9/40

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.....

G. A. Dempster

Licensed Embalmer No. 2021

P. O. Address *Sikeston 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.