

REG MAR 20 1941
Registration District No.

Primary Registration District No.

54-4057

Registrar's No.

844

1. PLACE OF DEATH:

(a) County BUCHANAN
 (b) City or town RUSHVILLE
 (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 _____)
 In this community 70 YEARS
 years, months or days

3. (a) PRINT FULL NAME SAREPTA LOIS CONARD3. (b) If veteran,
name war _____3. (c) Social Security
No. NONE4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED6. (b) Name of husband or wife JAMES ROBERT CONARD
6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased MAY 19 1852
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
88 8 11 hr. min.9. Birthplace FLEMING COUNTY KENTUCKY
(City, town, or county) (State or foreign country)10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER
 12. Name DURANT HAM
 13. Birthplace FLEMING COUNTY KENTUCKY
 (City, town, or county) (State or foreign country)
 14. Maiden name MARY LEE - UNKNOWN
 15. Birthplace FLEMING COUNTY KENTUCKY
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature P. T. Conard
(b) Address Wm. B. Stanton Rushville17. (a) BURIAL (b) Date thereof FEB 1 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation ARMSTRONG CEMETERY - RUSHVILLE18. (a) Signature of funeral director Wm. B. Stanton
(b) Address ATCHISON, KANSAS19. (a) 2-1-1941 (b) L. H. Dingler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURIE (b) County BUCHANAN
 (c) City or town RUSHVILLE
 (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 JAN 30 day
year 1941 hour _____ minute _____ M.21. I hereby certify that I attended the deceased from Feb. 1934
_____, 19____, to Jan 30, 1941
that I last saw him alive on Jan 19, 1941
and that death occurred on the date and hour stated above.Immediate cause of death Myocarditis Duration _____

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?
RUSHVILLE

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature P. Sharp (M. D. or other) _____
Address Rushville Mo Date signed 2/1/41

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.