

FILED MAY 21 1941

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

14636  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Grundy Registration District No. 328 40  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3017 1/2 Registered No. \_\_\_\_\_  
 (c) City IRENTON (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 73 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LENA MORTON CONRAD  
 (a) Residence, No. East 9th St St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Homemaker  
 9. Industry or business in which work was done, as saw mill, bank, etc. None  
 10. Date deceased last worked at this occupation (month and year) Jan 1940 11. Total time (years) spent in this occupation 73 yrs

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Irwin Missouri  
 13. NAME C. O. Conrad  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Missouri

MOTHER 15. MAIDEN NAME Anna E. Linn  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox County Missouri

17. INFORMANT (ADDRESS) Mrs. G. M. Hobbs Irwin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Pauls Church DATE Jan 24 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Davis Funeral Home Irwin Missouri

20. FILED 1-24-41 June A. Fair Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1938, to Jan 22 1941  
 I last saw her alive on Jan 21 1941. Death is said to have occurred on the date stated above, at 9:45 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Broncho-Pneumonia 1-14-41  
Post-encephalitic 107  
Parkinsonism  
 Other contributory causes of importance:  
Several years ago

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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 OB. Reeks M. D.  
 (Signed) 300 (Address) Ironton Mo

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.

**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, .....

*Robert B. Davis*

or by .....

Registered Apprentice No. *212*, working under my personal supervision.

Signed

*Raymond A. Davis*

Licensed Embalmer No. *3424*

P. O. Address *Leicester 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, above space should be left blank.**