

FILED SEP 17 1941

Registration District No. _____

Primary Registration District No. 4280

1. PLACE OF DEATH:

(a) County Laurence
(b) City or town Acrona
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
117 W. Anderson Street
(If not in hospital or institution, write street name and location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community _____
years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laurence
(c) City or town Acrona
(If outside city or town limits, write "RURAL")
(d) Street No. 117 West Anderson St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME

John E. Conrad

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Matthe Conrad 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Sept 15 - 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 11 11 hr. min.

9. Birthplace Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name William Conrad

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant C. E. Jaques

(b) Address Acrona Mo.

17. (a) Burial (b) Date thereof 8/28/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cemetery

18. (a) Signature of funeral director Oscar A. Marsh

(b) Address Acrona Mo.

19. (a) 8/30/41 (b) R. D. Cowan MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26
year 1941 hour 1 minute 30 a.m.

21. I hereby certify that I attended the deceased from December 17, 1938, to August 19, 1941, that I last saw him alive on August 19, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Atherosclerosis

Due to 91

Other conditions (Include pregnancy within 3 months of death) Chronic Ulcerative Colitis

Major findings: Of operations none

Of autopsy none

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature Herbert L. Kellogg, M.D.
Address 16 E. Locust, Acrona Mo. Date signed 8/28/41

Duration 8 1/2 hrs
Underline the cause to which death should be charged statistically. Chronic Ulcerative Colitis PHYSICIAN

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

RECEIVED

District Health Officer No. 6,

District File Number 941-1462

Date Filed SEP 9 1941

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 Forest Klepper

Licensed Embalmer No. 4226

P. O. Address Aurora, 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.