

JAN 13 1942

State File No. ....

Registration District No. 761

Primary Registration District No. 4456

Registrar's No. 39

1. PLACE OF DEATH:

(a) County St. Clair  
(b) City or town Appleton City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 102 - West 3rd. St. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME William Fredrick Conrad

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive, years  
7. Birth date of deceased Feb 28 1854  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87 9 2 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Fredrick Conrad

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

14. Maiden name unknown

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

16. (a) Informant Bert Conrad

(b) Address Appleton City Mo.

17. (a) Burial (b) Date thereof 12 3 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Appleton City, Mo.

18. (a) Signature of funeral director Oscar Echloff

(b) Address Appleton City Mo.

19. (a) 12-3-41 (b) Ello Abbey  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Clair  
(c) City or town Appleton City Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural - Appleton Twp.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30  
year 1941 hour 5 minute 30 P M.

21. I hereby certify that I attended the deceased from Nov 20 1941 to Nov 30 1941  
that I last saw him alive on Nov 30 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic Myocarditis  
Chronic Nephritis  
Due to acute infection of both parotid glands  
Due to Gastric hemorrhage

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 12/18  
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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature R. L. Hansen (M. D. or other) M.D.  
Address Appleton City Mo. Date signed 12-27

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

93  
1  
0

836

RECEIVED

District Health Officer No. 7,

District File Number 12-41-2142

Date Filed 1-8-42

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**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 Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton City, Wis.

**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.**