

V. S. No. 2  
OM-1-4-41  
Rev. 5-17-39  
I X26390

2215

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED FEB 17 1942

Registration District No. 325

Primary Registration District No. 540D

Registrar's No. 86

39  
0  
0

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Walnut Grove - R7007

(c) Name of hospital or institution: Rural Home Institution  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 60 years (Specify whether years, months or days)

In this community 60 years

3. (a) PRINT FULL NAME George B. Conrad

3. (b) If veteran, name war. No

3. (c) Social Security No. 210

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Russell Shelton

6. (c) Age of husband or wife if alive ✓ years

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

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>11</u>	<u>4</u>	hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business Greene farmer

MOTHER FATHER

12. Name Jonathan Conrad

13. Birthplace Ind. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Rankin

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

16. (a) Informant Jewell Conrad

(b) Address Walnut Grove Mo

17. (a) Burial (b) Date thereof Jan. 6 - 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rosehill Cemetery

18. (a) Signature of funeral director Jesse B. ...

(b) Address Walnut Grove Mo

19. (a) Feb - 6 - 42 (b) Edna B. McCalister  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Walnut Grove R3  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Home Institution  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4  
year 1942 hour 4 minute 25 P. M.

21. I hereby certify that I attended the deceased from 12-29  
to 1942 to 1-4 1942

that I last saw her alive on 1/2 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Duration 4d

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 430!

Major findings: Of operations none

Of autopsy none

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) no

(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 \_\_\_\_\_

23. Signature B. F. Winslow M.D. (M. D. or other) 2

Address Burdett, Mo. Date signed 1-10-42

RECEIVED

Greene County Health Office,

County File Number 42-2-24

Date Filed 2/8/42

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.....

Bernard Wright \_\_\_\_\_, Registered Apprentice No. 799  
working under my personal supervision.

Signed Genea Bann \_\_\_\_\_

Licensed Embalmer No. 7454

P. O. Address Walnut Grove 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.