

FILED NOV 19 1942

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH: **Jackson,**  
 (a) County.....  
 (b) City or town..... **Kansas City,**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**6621 Edgevale Road,**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... **no.**  
(Specify whether  
 In this community..... **35 years,**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State..... **Missouri** (b) County..... **Jackson,**  
 (c) City or town..... **Kansas City,**  
(If outside city or town limits, write "RURAL")  
 (d) Street No..... **6621 Edgevale Road,**  
(If rural, give location)  
 (e) Citizen of foreign country?..... **no.** (Yes or No)  
 If yes, name country..... **x**

3. (a) PRINT FULL NAME **Mrs. Elsie Cayot Conrad,**  
 3. (b) If veteran, name war..... **no.** 3. (c) Social Security No..... **no.**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **November** day **9th**  
 year **1942** hour **3:50** minute **A.** M.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed,**  
 6. (b) Name of husband or wife..... **Herman Conrad** 6. (c) Age of husband or wife if alive..... **dec.** years  
 7. Birth date of deceased..... **October 26 1877**  
(Month) (Day) (Year)

4. I hereby certify that I attended the deceased from **Nov 27** 1942 to **Nov 9** 1942;  
 that I last saw her alive on **Nov 9** 1942;  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>65</b>	<b>0</b>	<b>13</b>	.....hr.....min.

Immediate cause of death..... **Hypostatic pneumonia.** *2 weeks*  
 Due to.....  
 Due to.....

9. Birthplace **Kansas** (City, town, or county) (State or foreign country) **1**  
 10. Usual occupation..... **at home,**

Other conditions..... **Cerebral hemorrhage**  
(Include pregnancy within 3 months of death)

11. Industry or business..... **x**  
 MOTHER FATHER { 12. Name **John Henry Cayot**  
 { 13. Birthplace..... **Unknown,** 9  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name..... **Alice Russell,**  
 { 15. Birthplace..... **Unknown,** 9  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations.....  
 Of autopsy.....  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Dr. Ernest Conrad,**  
 (b) Address **Odessa, Missouri.**  
 17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11-11-42**  
(Month) (Day) (Year)  
 (c) Place: burial or cremation..... **Forest Hill Cemetery**  
 18. (a) Signature of funeral director..... **Stine & McClure,**  
 (b) Address **3235 Gillham Plaza, K. C., Mo.**  
 19. (a) **11-9-42** (Date received local registrar) (b) **M. M. Crowe** (Registrar's signature)

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.....  
 23. Signature..... **Dr. J. E. Lovell** (M. D. or other) **Al**  
 Address **612 Chamber's Bldg.** Date signed **11-9-42**

Dr A E Linnell  
Chambers Bldg  
Ha 2057x

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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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address T. C. 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.