

9500

FILED JAN 25 1943 20
Registration District No. _____

Primary Registration District No. **6081**

Registrar's No. _____

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

1. PLACE OF DEATH
 (a) County St. Genevieve
 (b) City or town Farmington, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community Twenty years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Genevieve
 (c) City or town Farmington
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME David Emil Conrad
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 11 day 28
 year _____ hour 42 minute _____ M.
 21. I hereby certify that I attended the deceased from
11-26 1942 to 11-28 1942
 that I last saw him alive on 11-27 1942
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or Race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Amanda Marie alive 61 years
 7. Birth date of deceased Jan 30 1871
 (Month) (Day) (Year)

Immediate cause of death apoplexy
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

8. AGE: Years 71 Months 9 Days 28 If less than one day _____ hr. _____ min. _____
 9. Birthplace Allamore, Mo. (City, town, or county) (State or foreign country) _____
 10. Usual occupation Farming

11. Industry or business _____
 12. Name John J. Conrad
 13. Birthplace Allamore, Mo. (City, town, or county) (State or foreign country) _____
 14. Maiden name Mildred Neugebaur
 15. Birthplace Patton, Mo. (City, town, or county) (State or foreign country) _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____ 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? _____

16. (a) Informant E. Ethel C. M. Nelson
 (b) Address 315 Bayou Farmington, Mo.
 17. (a) Burial (b) Date hereof 12/13/42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Parkview
 18. (a) Signature of funeral director Cogan and Co Farmington, Mo.
 (b) Address _____
 19. (a) Dec 13 - 42 (b) R. Joseph Abner
 (Date received local registrar) (Registrar's signature)

23. Signature R. Applegate (M. D. or other) _____
 Address Farmington, Mo. Date signed 11-30-42

JAN 25 1948

7530
20208

RECEIVED

District Health Officer No. 4
District File Number 18-42-1800
Date Filed 12-18-42

9095
995

7.50
2.30
1.80

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.....

working under my personal supervision.

me, Registered Apprentice No.....

Signed *Chazan*

Licensed Embalmer No. 4084

P. O. Address *Springton, N.J.*

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.