

Registration District No. 150

Primary Registration District No. 5572

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Central Prairie Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Jackson Co Home 5  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 days  
(Specify whether  
In this community 60 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Oak Grove (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2 mi west  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

3. (a) PRINT FULL NAME Frank F. Gonard

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced 0  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Birth date of deceased 4 - 14 - 1872  
(Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 20 If less than one day ..... hr. .... min.

9. Birthplace Va 1  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business .....  
12. Name Jonathan - Conard  
13. Birthplace Va 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Cawthart  
15. Birthplace Va 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Record of  
(b) Address Jackson Co Home  
17. (a) Burial (b) Date thereof 8-5-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak grove mo  
18. (a) Signature of funeral director Mrs. B. Withers  
(b) Address Oak grove mo  
19. (a) Aug 5, 1943 (b) F. H. Schlich  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 3  
year 1943 hour 4 minute P M.

21. I hereby certify that I attended the deceased from July 22, 1943 to 8/3, 1943  
that I last saw him alive on 8/3, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis

Due to .....  
Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations .....  
Of autopsy .....

Duration  
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) .....  
(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 no

23. Signature [Signature] (M. D. or other) .....  
Address [Address] Date signed 8/4/43

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

MOTHER FATHER

48  
000

48

1943

1943

93d

8/4/43

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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 RB Webb

Licensed Embalmer No. 235-3

P. O. Address Blue Springs 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.**