

FILED MAR 10 1944

Registration District No. 277

Primary Registration District No. 3051

Registrar's No. 14

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

1. PLACE OF DEATH:

(a) County Perry  
(b) City or town Perryville 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 35 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry  
(c) City or town Perryville Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Conrad Barth

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Divorced

6. (b) Name of husband or wife Dont Know 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 13 1872  
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name John N. Barth

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

14. Maiden name Barbara Preuszinger

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

16. (a) Informant Rev. A.M. Lohman

(b) Address Perryville Mo.

17. (a) Burial (b) Date thereof 2-18-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director Horing Lora

(b) Address Perryville Mo.

19. (a) 2-18-44 (b) Thozy Elder  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17  
year 1944 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from Jan 1942 to Feb 17 1944 19\_\_\_\_  
that I last saw him alive on Feb 15 1944 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure  
Due to Cardio Renal Disease

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 13/a

Major findings: Of operations \_\_\_\_\_  
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)  
(c) Means of injury \_\_\_\_\_  
23. Signature Thozy Elder (M. D. or other) \_\_\_\_\_  
Address Perryville Date signed 2/18/44

APR 10 1944

Permit No. \_\_\_\_\_  
District File Number 344-3565  
Date Filed 3-9-44

**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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.