

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH: Phelps
(a) County: Phelps
(b) City or town: Rolla
(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 _____ YEARS. (years, months or days)

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

4. Sex: M. 5. Color or race: Wh. 6. (a) Single, widowed, married, divorced: Div.
6. (b) Name of husband or wife: Mary 6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: 1-27-1862 (Month) (Day) (Year)

8. AGE: Years: 82. Months: 7. Days: 26. If less than one day: _____ hr. _____ min.

9. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: _____

MOTHER FATHER
12. Name: Don't know
13. Birthplace: Hannay (City, town, or county) (State or foreign country)
14. Maiden name: D.K.
15. Birthplace: _____ (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Mrs. Lela D. Blair
(b) Address: Rolla Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-20-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Mules corn

18. (a) Signature of funeral director: J. H. Schuler
(b) Address: _____

19. (a) 9/25/1944 (Date received local registrar) (b) J. H. Schuler (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Phelps
(c) City or town: St. James (If outside city or town limits, write "RURAL")
(d) Street No: No. (If rural, give location)
(e) If foreign born, how long in U. S. A.: _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day 23 year 1944 hour 9:15 minute P M.
21. I hereby certify that I attended the deceased from Dec 1943 to 9-23 1944 that I last saw him alive on 9-22 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion
Due to: _____
Due to: Semibite.
Other conditions: _____ (Include pregnancy within 3 months of death)
Major findings: Of operations: _____
Of autopsy: _____
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) (a) Means of injury: _____
23. Signature: E. E. Fencil M.D. (M. D. or other) Address: Rolla Mo Date signed: 9-29-44

MARGIN R. R. BINDING

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 W E Licklider

Licensed Embalmer No. 1970

P. O. Address St James 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, above space should be left blank.