

FILED 17 1945

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Rural Union
(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
In this community 62-0-12 (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Conrad A. Tanz

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 5. Color of race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Katherine Tanz

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased May 31 (Month) (Day)

1883 (Year)

8. AGE: Years 62 Months 0 Days 12

If less than one day hr. min.

9. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Herman Tanz

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

14. Maiden name Margarete Blanken

15. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Gotthilf Tanz

(b) Address Uniontown Mo.

17. (a) Burial (b) Date thereof 6-15-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Uniontown Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

19. (a) 6-14-45 (b) Thos J Elder
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry
(c) City or town Rural
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 year 1945 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 1st 1945 to June 13 1945
that I last saw him alive on June 11th 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach Duration 6 mos

Due to

Due to

Other conditions Cancer of skin over nose
(Include pregnancy within 3 months of death)

Major findings: Of operations 46

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?

(Specify type of place)

While at work? (c) Means of injury

23. Signature Theodore Fisher (M. D. or other) M.D.

Address Altamora, Mo Date signed 6-15-45

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

RECEIVED

7/11/45

District Health Officer No. 4

District File Number 745-869

Date Filed 7/16/45

JUL 19 1945

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.

Registered Apprentice No.

Signed

Edward C. Young

Licensed Embalmer No.

2138

P. O. Address

Perryville M

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.