

STANDARD CERTIFICATE OF DEATH

13914

FILED APR 17 1946
Registration District No. 224

Primary Registration District No. 3796

State File No.

Registrar's No. 51

1. PLACE OF DEATH:
(a) County Moniteau Co.
(b) City or town Rural, Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Moniteau Co. County Farm, 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 6 Months
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau 68
(c) City or town California, Mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No. Gen Del, California, Mo. 1
(If rural, give location)
(e) Citizen of foreign country? No 0
(Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME William J. Conrad
(b) If veteran, name war No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 16
year 1946 hour 7 minute 15 A. M.
21. I hereby certify that I attended the deceased from Jan 3
1946, to March 16, 1946
that I last saw him alive on March 14, 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Sept 11 1871
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration 2 weeks
Due to Generalized arteriosclerosis 10 years
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
74 6 8 hr. min.

Major findings: Brain PHYSICIAN _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Common Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Conrad
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca Stump
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant George Wergel 1
(b) Address California, Mo.

17. (a) Burial (b) Date thereof Mar. 18, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Luthron Cent, California

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo.

19. (a) 3-18-46 (b) H. R. Popejoy
(Date received local registrar) (Registrar's signature)

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)
Means of injury Brain
23. Signature Kenneth Latham (M. D. or other) _____
Address California, Mo. Date signed 3-17-46

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

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 4-16-46

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 J.M.O.

....., Registered Apprentice No.....
working under my personal supervision.

Signed Earl R. Bourdier

Licensed Embalmer No. 2126

P. O. Address California, Pa.

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.