

**FILED JAN 20 1947**

Registration District No. \_\_\_\_\_

Primary Registration District No. **3023**

Registrar's No. **5**

**1. PLACE OF DEATH:**

(a) County Henry Co

(b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Wetzel Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 1/2 hrs  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Henry St Clair

(c) City or town Clinton Mo Lowery City?  
(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** Infant of Walter Conrad

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White

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 Jan 7 1947  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
			<u>18 hr 30 min</u>

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

10. Usual occupation \_\_\_\_\_

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

**MOTHER FATHER**

12. Name Walter Conrad

13. Birthplace Near Lowry City Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Sheets

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

16. (a) Informant Walter Conrad

(b) Address Lowry City Mo

17. (a) Burial (b) Date thereof 1 8 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lowry City Cemetery

18. (a) Signature of funeral director H. A. Austin

(b) Address Lowry City Mo

19. (a) 1-10-1947 (b) R. R. Kermey  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 8  
year 1947 hour 4:30 minute AM

21. I hereby certify that I attended the deceased from Jan 7 1947 to Jan 8 1947  
that I last saw him alive on Jan 8 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia

Due to Enlarged Thyroid

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 64

Of operations \_\_\_\_\_

Of autopsy no

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 fall

23. Signature R. J. Powell (M.D. or other) \_\_\_\_\_

Address Clinton Mo Date signed 1/10/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

120

CH. 64-1  
12-16-22  
DISTRICT HEALTH OFFICER NO. 7  
RECEIVED

**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 Not Embalmed.

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

Signed H. C. Austin

Licensed Embalmer No. 3609

P. O. Address Lowry City 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.