S. No. 2
—12-45
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1947

Registration District No. 82

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12723

Primary Registration District No. 5182

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Rural Schawnee
(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 3 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 77

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME Luke H. Conrad

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 Married

6. (b) Name of husband or wife Sarah Conrad

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased September (Month) 13 (Day) 1869 (Year)

8. AGE: Years 77 Months 7 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Joseph E. Conrad 0
13. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Francis Murray 0
15. Birthplace Bollinger Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Sarah Conrad

(b) Address Jackson Mo. RFD # 3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Crossroads Mo.

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

(b) Address Perryville Mo.

19. (a) 5-9-46 (Date received local registrar) (b) D. G. Sudro (Registrar's signature) 43

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~April~~ May day 3
year 1947 hour 10 minute 10 P M.

21. I hereby certify that I attended the deceased from Aug 10, 1946 to May 3, 1947
that I last saw him alive on May 3, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Paralysis right side

Due to Arteriosclerosis

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration
7 days
Don't know

PHYSICIAN
Underline the cause to which death should be charged statistically.

83 A

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? ..... (e) Means of injury 0

23. Signature D. G. Lindbaugh (M. D. ~~or other~~)

Address Jackson Mo Date signed 5-7-47

(Licensed Embalmer's Statement on Reverse Side)

JUL 25 194

RECEIVED

District Health Officer No. 4

District File Number 547-700

Date Filed 5-14-47

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 Frederic W. Bane, Registered Apprentice No. 510, working under my personal supervision.

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville Md

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.