

FILED JUL 3 1948  
 49

State File No. \_\_\_\_\_

Registrar's No. 2623

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

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3712 Central Street  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community \_\_\_\_\_ 39 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3712 Central Street  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES CONRADT  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 22nd day June  
 year 1948 hour 11:15 Minute 8 M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Minnie Conradt  
 6. (c) Age of husband or wife if alive 62 years  
 7. Birth date of deceased Sept 28 1880  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 22 1948  
 to June 22 1948  
 that I last saw him alive on June 22 1948  
 and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 8 Days 24  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Pulmonary Tuberculosis 2 yrs  
 Duration \_\_\_\_\_

9. Birthplace Valley Falls Kansas  
(City, town, or county) (State or foreign country)

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

10. Usual occupation Tavern Owner

11. Industry or business Kay Tavern

12. Name Jacob H. Conradt

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

14. Maiden name Elizabeth Krumery

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

16. (a) Informant Mrs. Minnie Conradt

(b) Address 3712 Central Street

17. (a) Removal (b) Date thereof 6/24/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leavenworth Kansas

18. (a) Signature of funeral director Dwight Robin Co

(b) Address 20 West Linwood

19. (a) 6-23-48 (b) Genevieve Holmes  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations 13/15  
 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)  
 (e) Means of injury D

23. Signature AS Denton (M. D. coroner)  
 Address 900 Realt. Bldg Date signed 6/23/48

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**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 John J. Conway  
Licensed Embalmer No. 4424

P. O. Address.....

**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.**