

FILED AUG 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28851

BIRTH NO. _____		REG. DIST. NO. <u>1217</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>1880</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS,</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS,</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>JENNINGS</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township): <u>JENNINGS</u>		46	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6342 ALBERTINE AVE</u>				d. STREET ADDRESS (If rural, give location) <u>6342 ALBERTINE AVE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u>		b. (Middle) <u>R.</u>		c. (Last) <u>CONRAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 3, 1949</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>April 19, 1876</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>(Agriculture)</u>		9. AGE (In years last birthday) <u>73</u>		11. BIRTHPLACE (State or foreign country) <u>HIGH HILL MISSOURI</u>	
13a. FATHER'S NAME <u>JAMES CONRAN</u>		13b. MOTHER'S MAIDEN NAME <u>ANN BARDON</u>		14. NAME OF HUSBAND OR WIFE <u>MABEL CONRAN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MABEL CONRAN</u> ADDRESS <u>6342 albertine ave</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Pulm. Tbc</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>73 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19 <u>35</u> , to <u>8/3</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8/3</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>6204 W. F. Lewis St</u>		23c. DATE SIGNED <u>8/5/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8/6/49</u>		24c. NAME OF CEMETERY OR CRÉMATORY. <u>ST. PATRICKS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>JONESBURG MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>8-5-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>STROOT - CARROLL 4600 NATURAL BRIDGE AVE</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

ps

9149112 FES

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

[Handwritten Signature]

Licensed Embalmer No. *4366*

P. O. Address *Howe, 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.