

FILED MAY 10 1944
Registration District No. 1937

Primary Registration District No. 4217

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

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Urich, Mo
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Urich, Mo
(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

John J. Conradi.

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 8
year 1944 hour 1 A.M. minute..... M.
21. I hereby certify that I attended the deceased from Feb 24
1944 to Apr 6 1944
that I last saw alive on Apr 1 1944
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 Widowed
6. (b) Name of husband or wife John J. Conradi 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Sept. 16 1851
(Month) (Day) (Year)

Immediate cause of death Anterolateral
Due to Emphysema
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>92</u>	<u>6</u>	<u>22</u>	hr. min.

9. Birthplace Loguard, Germany
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

11. Industry or business.....
12. Name John Conradi
13. Birthplace Unknown, Germany
(City, town, or county) (State or foreign country)
14. Maiden name Fera Seeman
15. Birthplace Unknown, Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Andrew Conradi
(b) Address Urich, Missouri
17. (a) Burial (b) Date thereof 4-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Urich Cemetery
18. (a) Signature of funeral director W. D. Brown
(b) Address Urich, Mo
19. (a) April 13, 1944 Georgia Kitcher
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations.....
Of autopsy.....
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.....
23. Signature J. W. Gulbreath (M. D. or other)
Address Urich, Mo Date signed 4-11-44

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

RECEIVED

District Health Officer No. 71

District File Number 4-446-27

Date Filed 5-8-44

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 R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.