LEG'L NOV 18 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36011
Do not use this space.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH

(a) County Jasper | Registration District No. 411
(b) Township Galena | Primary Registration District No. 2002 | Registered No.
(c) City Joplin | (d) Street No. Mallory Apts St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Willard C. Conrad
(a) Residence, No. 424 Penn. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Myra Conrad

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 1, 1895

7. AGE: YEARS 43 | MONTHS 6 | DAYS 13 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Composer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

FATHER
13. NAME: Tyler F. Conrad
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Rhoda Blevins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Madison Co. Ark.

17. INFORMANT (ADDRESS): Myra Conrad, 424 Penn

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Fairview DATE 11/15/38, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Hurlbut Und. Co, Joplin, Mo.

20. FILED 11-14, 1938 Ed D James, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1938, to Nov-10, 1938
I last saw him alive on Nov 10, 1938. Death is said to have occurred on the date stated above, at 11:30 P.m.
The principal cause of death and related causes of importance were as follows:

Coronary Emballus — Date of onset

117 W

Other contributory causes of importance:
Gastric Ulcer
Hypertension

Name of operation: None Date of
What test confirmed diagnosis? Laboratory + 8-Cap Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) D. Mitchell Gregg, M. D.
372 (Address) Joplin Mo

(Licensed Embalmer's Statement on Reverse Side)

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. Steve D Parker

Licensed Embalmer No. 2548

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.