DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40288

Registration District No. 571 Primary Registration District No. 4335 Registrar's No. 61

1. PLACE OF DEATH:
(a) County Moniteau 2
(b) City or town California
(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 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Rebecca Conrad 563
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 12 - 1847
(Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 29 If less than one day hr. min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)
10. Usual occupation 6
11. Industry or business 6
FATHER
12. Name John J Stumpf 6
13. Birthplace Germany 6
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Dora Knox
15. Birthplace Germany
(City, town, or county) (State or foreign country)
16. (a) Informant's own signature Mrs Theresa Markworth
(b) Address California Missouri
17. (a) Burial (b) Date thereof 11/13/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lutheran Cem
18. (a) Signature of funeral director Williams & Freeman
(b) Address California Mo
19. (a) 11-12-39 (b) H. R. Popejoy 504
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11
year 1939 hour 2 A.M. minute M.
21. I hereby certify that I attended the deceased from Nov. 5, 1939, to Nov. 10, 1939
that I last saw her alive on Nov. 10, 1939
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis	
Due to	
Due to 97	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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?
(Specify type of place)
While at work? (e) Means of injury 3
23. Signature L. J. Olmon (M. D. or other) D.O.
Address California Date signed 11/12/39

(Licensed Embalmer's Statement on Reverse Side)

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 X19511

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 H E Friedmeyer

Licensed Embalmer No. 2854

P. O. Address California Mo

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

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