

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 657

Primary Registration District No. 4388

Registrar's No. 18

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Cauthersville, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
601 Carlton Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 41 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME ALBERT R. CONTRA
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married; divorced Married
6. (b) Name of husband or wife Alma Williams Conrad 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased November 24, 1863
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 8 If less than one day hr. _____ min. _____

9. Birthplace Portageville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business Dr. of Medicine

MOTHER FATHER
12. Name Henry Conrad
13. Birthplace Don't Know Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca (Don't Know)
15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. A. R. Conrad

(b) Address Cauthersville, Mo.

17. (a) Burial (b) Date thereof 2/4/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cauthersville, Mo.

18. (a) Signature of funeral director La. Ferguson, Co.
(b) Address Cauthersville, Mo.

19. (a) Feb. 26, 1940 (b) Ada Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot
(c) City or town Cauthersville
(If outside city or town limits, write "RURAL")
(d) Street No. 601 Carlton Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 2
year 1940 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb. 2, 1940, to Feb. 2, 1940
that I last saw h_____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis, coronary
Due to _____
Due to 94B
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?

While at work? _____ (Specify type of place) (a) Means of injury _____
23. Signature R. W. Whipple (M. D. or other) _____
Address Cauthersville, Mo. Date signed 2-26-40

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

Rev. 5-17-39
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.

3-40-22

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 J. B. Selman
Licensed Embalmer No. 4086
P. O. Address Cauthersville, 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, above space should be left blank.