

No. 2
-12-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

35219

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 283

Primary Registration District No. 4167

Registrar's No. _____

1. PLACE OF DEATH
 (a) County Dunklin
 (b) City or town Cardwell mo.
 (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 _____ years, months or days

3. (a) PRINT FULL NAME Baby Boy Conrad
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 30 1940
 (Month) (Day) (Year)

8. AGE: Years _____ Months 1 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Cardwell mo
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Orville H Conrad
 13. Birthplace Cardwell mo
 (City, town, or county) (State or foreign country)

{ 14. Maiden name Sue Jenny Ballak
 15. Birthplace Par ark
 (City, town, or county) (State or foreign country)

16. (a) Informant Orville Conrad
 (b) Address Cardwell mo.

17. (a) Burial (b) Date thereof 10-30-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Cardwell mo

18. (a) Signature of funeral director Howard Unruh, CO
 (b) Address Cardwell mo

19. (a) 11-7-40 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State mo (b) County Dunklin
 (c) City or town Cardwell
 (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 31
 year 40 hour 7:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from 10-30
 1940, to 10-31 1940
 that I last saw him alive on 10-30 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Immature Baby
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 9 months of death) _____

Duration _____

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? 257

23. Signature W. W. English (M. D. or other) _____
 While at work _____ (Specify type of place) _____ (e) Means of injury _____
 Address Cardwell, Mo Date signed 10-31-40

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

RECEIVED

District Health Officer No. 2,

District File Number 1140-170

Date Filed 11/13/40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.