

No. 2
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5-17-39
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PINTON

25768

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

BUREAU OF THE CENSUS
AUG 15 1941

Registration District No. 001

Primary Registration District No. 4088

Registrar's No. 71

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

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Caruthersville
(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 37 years years, months or days)

3. (a) PRINT FULL NAME Alba Ruth Conrad

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife A. R. Conrad

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

7. Birth date of deceased July 11, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

63 0 19 _____ hr. _____ min.

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

10. Usual occupation Homework

11. Industry or business Home

MOTHER FATHER { 12. Name E. W. Williams

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Alice Black

15. Birthplace Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Mayme Tatum

(b) Address Steele, Mo.

17. (a) Burial (b) Date thereof July 31, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Prairie Cem.

18. (a) Signature of funeral director LaFonge Ind. Co.

(b) Address Caruthersville, Mo.

19. (a) July 30, 1941 (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 Caruthersville
(If outside city or town limits, write "RURAL")

(d) Street No. 601 Carleton Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1941 hour 2 minute P.M.

21. I hereby certify that I attended the deceased from July 30, 1941 to July 30, 1941; that I last saw her alive on July 30, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Duration 1 hour

Due to _____

Due to _____

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)
_____ (e) Means of injury _____

23. Signature J. R. Union (M. D. or other) D

Address Caruthersville, Mo. Date signed 7-30-41

8-41-17

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. L. La Forge

Licensed Embalmer No.....

3082

P. O. Address.....

Canthersville, 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.