. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

48
4
4

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2440

Registration District No. 398 Primary Registration District No. 3019 Registrar's No. 20

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence Cities
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1212 S. Spring 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 12 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Independence 7
(If outside city or town limits, write "RURAL")
(d) Street No. 1212 S. Spring 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Monte L. Conrad
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 27, (Day) 1866 (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	11	20	hr. min.

9. Birthplace Chariton Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Rhoda Conrad
(b) Address 1212 S. Spring
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/42 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetery
18. (a) Signature of funeral director Cato & Speaks
(b) Address Independence Mo.
19. (a) Jan. 19-1942 (Date received local registrar) (b) James W. Rossi (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17
year 1942 hour 1 minute 10a M.
21. I hereby certify that I attended the deceased from Jan. 17, 1942 to Jan. 17, 1942
that I last saw him alive on Jan. 14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris — Duration 30 min.
Had had many attacks
Due to before
Due to Arteriosclerosis
Other conditions 94 B
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

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
23. Signature [illegible] M.D. (M. D. or other)
Address 1303 Wald Chem Bldg. Date signed 1/17/42
R.C. No.

(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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Roland R. Speaks

Licensed Embalmer No. 3604

P. O. Address Independence 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.