S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

17721

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 173 Primary Registration District No. 4102 Registrar's No. 46

21
0
0

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Prairie Hill Mo. Tun
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 48Yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 21
(a) State Missouri (b) County Chariton 0
(c) City or town Prairie Hill 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Martha Amanda Conrad

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 7 (Day) 1851 (Year)

8. AGE: Years 90 Months 8 Days 12 If less than one day hr. min.

9. Birthplace Macon Co. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Dont Know
13. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs. Ellen Cress
(b) Address Anabell Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Thomashill Cemetary
18. (a) Signature of funeral director Tom B Patton
(b) Address Huntsville Mo
19. (a) 6/8/42 (Date received local registrar) (b) R A Gelwig (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1942 hour 11 minute 50 P M.
21. I hereby certify that I attended the deceased from June 9, 1940 to May 19, 1942
that I last saw her alive on May 19, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Complete intestinal obstruction - strangulated incarcerated hernia	3 days.
Due to Post operative hernia from colecystostomy - 1908	34 yrs.
Due to	
Other conditions Chronic myocarditis (Include pregnancy within 3 months of death)	2 yrs.

Major findings:
Of operations —
Of autopsy None

122 P 2

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 J. L. Hoome (M. D. or other) MD.
Address Salisbury Mo Date signed 6-4-42

1023

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-9-42

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville 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.