

Registration District No. 157

Primary Registration District No. 5587

Registrar's No. 169

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Rural--Preston Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 2, Carthage
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 57 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2, Carthage
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Hattie Conrad

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased March 23 1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 8 If less than one day hr. min.

9. Birthplace Aberdeen Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business None

12. Name John L. Conrad

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

14. Maiden name Louise Beam

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

16. (a) Informant Mode Conrad

(b) Address Route 2, Carthage, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 3, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Sept. 1 '43 (Date received local registrar) (b) Elizabeth Conpleh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31 year 1943 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb. 14, 1934 to Aug 31, 1943 that I last saw her alive on Aug 30, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cachexia Duration 2 months

Due to Carcinoma liver 46 18 months

Other conditions Hypertension 9 yrs
(Include pregnancy within 3 months of death)

Major findings: Nephritis, chron
Myocarditis, chronic PHYSICIAN

Of autopsy None
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 Ernest J. [Signature] (M. D. or other) NO
Address Carthage, Mo. Date signed SEP 19 1943

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

MOTHER FATHER

FILED SEP 13 1943

48-8-927

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..... *John L. Kneef*
Licensed Embalmer No. *391*
P. O. Address..... *Carthage*

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.