

Registration District No. **141** Primary Registration District No. **307D** Registrar's No. **81**

**1. PLACE OF DEATH**

(a) County **West Plains, MO**

(b) City or town **West Plains, MO**  
(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 **7 yrs.**  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** **Lucie B. Conrad**

3. (b) If veteran, name war **✓** 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife **Doris A. Conrad** 6. (c) Age of husband or wife if alive **36** years

7. Birth date of deceased **3/10-1888**  
(Month) (Day) (Year)

**8. AGE:** Years **57-** Months **4** Days **4** If less than one day hr. min.

9. Birthplace **Nebraska**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Factory Worker**

11. Industry or business \_\_\_\_\_

12. Name **Geo. W. Conrad**

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

14. Maiden name **Emma Melton**

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

16. (a) Informant **Mrs. G. B. Conrad**

(b) Address **West Plains, MO**

17. (a) **B** (b) Date thereof **7-7-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **State of Indiana**

18. (a) Signature of funeral director **[Signature]**

(b) Address **West Plains, MO**

19. (a) **8/5-45** (b) **Paul Warden**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **MO** County **West Plains**

(c) City or town **West Plains**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Jefferson Ave**  
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **7** day **15** year **45** hour **7** minute **25 AM**

**21. I hereby certify that I attended the deceased from** **eminent** to **7-17** 19**45**

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Angina Pectoris**

Due to **Heart Block**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy **Ptho**

**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 **[Signature]** (M. D. or other) \_\_\_\_\_  
Address **St. Louis** Date signed **7-17-45**

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

6  
1  
1

RECEIVED

District Health Officer No. 5,

District File Number 945-367

Date Filed 9-17-45

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 Raymond S. Roberts.....

Licensed Embalmer No. 3438.....

P. O. Address West Haven, MD.....

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.