

FILED APR 26 1946

Registration District No. 27

Primary Registration District No. 5084

State File No. 12149

Registrar's No.

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

11058

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Butler-Elkart Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4 mile west Passaic
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7.

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 4mi West Passaic 0
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country.

3. (a) PRINT FULL NAME Lilly M. Conard

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Ross H. Conard 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased January 1 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	2	9	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Feedback

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

14. Maiden name Eliza Jane Watts

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

16. (a) Informant Bob Everett

(b) Address Butler, Missouri

17. (a) Burial (b) Date thereof 3-12/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Culver-Underwood

(b) Address Butler, Missouri

19. (a) 3-12-46 (b) L. Mangold
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1946 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from Mar 10
1946 to Mar 10 1946
that I last saw her alive on Mar 10
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration _____

Due to hypertension

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 830

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 E. E. Pihman (M. D. or other) 0
Address Adrian Mo Date signed 3-13-46

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..... *W. Biddlecome*

Licensed Embalmer No. *2174*

P. O. Address *Butler 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.