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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 30203

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3962

**1. PLACE OF DEATH:**

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3810 Wyandotte /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 55 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3810 Wyandotte 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Frances Maria 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 widowed
6. (b) Name of husband or wife William I. Conrad
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 6 (Day) 1864 (Year)

8. AGE: Years 81 Months 9 Days ~~10~~ 11 If less than one day hr. min.

9. Birthplace Philadelphia (City, town, or county) Pennsylvania (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At home

FATHER
12. Name Thos. W. Philips
13. Birthplace Baltimore (City, town, or county) Maryland / (State or foreign country)

MOTHER
14. Maiden name Marcella Hook
15. Birthplace Baltimore (City, town, or county) Maryland / (State or foreign country)

16. (a) Informant Rev. W. I. Conrad
(b) Address 3635 E. 58th St. Terr., K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-19-46 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery
18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address 1800 E. Linwood, K. C., Mo.
19. (a) 9-18-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 17 year 1946 hour 10 minute 05 P.M.

21. I hereby certify that I attended the deceased from 1935, 19, to 9/17/46, 19; that I last saw her alive on Aug 21 1946, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation Duration 2 mo

Due to

Due to

Other conditions Senility 95c
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 [signature] M.D. (M. D. or other)
Address 1103 [illegible] Date signed 9/18/46

(Licensed Embalmer's Statement on Reverse Side)

Prof. Bldg. Va. 1105
after 1:30 -

## 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 Dean Cole, Registered Apprentice No. 408 working under my personal supervision.

Signed Russell N. Fran

Licensed Embalmer No. 4255

P. O. Address K. C. Me

**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.**