

FILED NOV 7 1946 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 278

Primary Registration District No. 5953

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Pike  
Louisiana, rural  
(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
R.F.D. #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
Life (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo.  
(b) County Pike  
(c) City or town Rural, Louisiana  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. #1  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Miss Jennie Conrad

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

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 April 11, 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 6 13 hr. min.

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

10. Usual occupation at home

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

12. Name Frank Conrad

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

14. Maiden name Mary Kleisner

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

16. (a) Informant Mrs. Mary Kelly

(b) Address R. # 1 Louisiana, Missouri

17. (a) Burial (b) Date thereof Oct. 26/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cemetery

18. (a) Signature of funeral director Haley Mortuary

(b) Address Louisiana, Mo.

19. (a) 10-25-46 (b) Bernice Collier  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24  
year 1946 hour 5 minute 15P. M.

21. I hereby certify that I attended the deceased from May 5, 1946 to Oct. 24, 1946  
that I last saw her alive on Sept. 17, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the Breast  
more than 2 yrs.

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

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

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

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

Of autopsy \_\_\_\_\_

Duration

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)  
Means of injury \_\_\_\_\_

23. Signature Charles P. Jewell (M. D. or other)  
Louisiana, Mo.

Date signed 10/25/46

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

MOTHER, FATHER

1946

NOV

NOV 15 1946

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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, George O. Wagner

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3778

P. O. Address Louisiana, 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.**