. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 2 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8532

State File No. 55

Registration District No. 116 Primary Registration District No. 3020 Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin.

(b) City or town Washington.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Francis Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 das. (Specify whether
In this community 67 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Washington 6
(If outside city or town limits, write "RURAL")

(d) Street No. 500 W. 2nd St. 2
(If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country X

3. (a) PRINT FULL NAME Julius H. Conrads.

3. (b) If veteran, name war X

3. (c) Social Security No. 488-05-2345

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~husband or~~ wife Louise N. Conrads.

6. (c) Age of ~~husband or~~ wife if alive 59 years

7. Birth date of deceased June (Month) 24th. (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	9	3	hr. min.

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

10. Usual occupation Banker.

11. Industry or business "

FATHER
12. Name Julius H. Conrads. 9
13. Birthplace Unknown, (City, town, or county) Unknown. (State or foreign country)

MOTHER
14. Maiden name Wilhelmina Springmeyer. 7
15. Birthplace Unknonw, (City, town, or county) Unknown. (State or foreign country)

16. (a) Informant Mrs. Louise N. Conrads
(b) Address 500 W. 2nd St. Washington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 30, 1947. (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Nieburg + Vitt, Inc.
(b) Address Washington, Mo.

19. (a) 3/29/47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27th.
year 1947 hour 12:00 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 20, 1945, to March 27, 1947
that I last saw him alive on March 27, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver

Due to

Due to

Other conditions Influenza + Pneumonia
(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.

33 A

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. or other) MD
Address Washington Mo Date signed 3-28-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 4-1-47
Date Filed

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 Jerome F. Swoboda, Registered Apprentice No. 441, working under my personal supervision.

Signed Lester H. Utt

Licensed Embalmer No. 3254

P. O. Address Washington 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.