No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

9698

State File No.

FILED APR 1, 1947

Registration District No. 1347

Primary Registration District No. 5587.

Registrar's No. 61

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town rural - Preston Twnship
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Carthage Route 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 59 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. Route 2 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Moses T. Conrad

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex male

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 September (Month) 3 (Day) 1870 (Year)

8. AGE: Years 76 Months 6 Days 12 If less than one day hr. min.

9. Birthplace Rush County (City, town, or county) Indiana (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business ---

MOTHER FATHER
12. Name John L. Conrad
13. Birthplace unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Louisa Beam
15. Birthplace unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs. Frank Brumett
(b) Address Route 2, Carthage, Mo.

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

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Mo.

19. (a) 3-15-47 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1947 hour 8:45 minute a M.

21. I hereby certify that I attended the deceased from Feb 13, 1947, to Mch 15, 1947
that I last saw him alive on Mch 9, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Endocarditis, mitral vegetative	1 month
Due to Myocarditis, chronic	5 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death) Nephritis, chronic	

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 Emery J. Morton (M. D. or other) MD
Address Carthage Mo Date signed MAR 1947 15

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(Licensed Embalmer's Statement on Reverse Side)

17-3-231

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.....Frank W. Kuell Jr.....

Licensed Embalmer No.....4440.....

P. O. Address.....Carthage.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.