

FILED AUG 20 1947
128

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 699

39
2
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
Springfield Baptist Hosp.
(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 Greene 39

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

(d) Street No. 1-7452 E. Sunshine
(If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME Albert Edwin Conrad

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3rd year 1947 hour _____ minute _____ M.

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Lillie May 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 1 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7/28 1947 to 8/3-4 1947 and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 11 Days 2 If less than one day _____ hr. _____ min.

Immediate cause of death Arteriosclerotic lateral sclerosis

Due to _____ 6 mos

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

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

Due to _____

10. Usual occupation Retired

Major findings: 82

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business Farmer

12. Name Peter G. Conrad

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

14. Maiden name Helen Lee

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

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? _____

16. (a) Informant Dr. Ray Conrad

(b) Address 1916 S. Jefferson

17. (a) burial (b) Date thereof Aug 5 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cem.

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature C. E. Fuller (M. D. or other) _____

Address Springfield Mo Date signed 8/14/47

18. (a) Signature of funeral director H. H. Ehneyer

(b) Address 458 E. Walnut St.

19. (a) 8-7-47 (b) H. Z. Handley
(Date received local registrar) (Registrar's signature)

JUL 13 1944



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 Ray H. Mercer, Jr.
Licensed Embalmer No. 4432
P. O. Address Springfield, 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.