

S. No. 2  
M-5-43  
5-17-39  
I X36871

FILED MAR 13 1948 /49  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

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

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: **Research Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6 days**  
(Specify whether years, months or days)

In this community **6 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**

(c) City or town **Holden**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Rural**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **XXXX**

3. (a) PRINT FULL NAME **CONARD J. WAHL**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white**

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

6. (b) Name of husband or wife **Kathryn Wahl**

6. (c) Age of husband or wife if alive **dec'd** years

7. Birth date of deceased **September 7, 1872**  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <b>75</b> | <b>5</b> | <b>16</b> | hr. _____ min.       |

9. Birthplace **Fairberry, Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business **same**

12. Name **Conard Wahl**

13. Birthplace **Essen Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Wieland**

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

16. (a) Informant **Hilda Keyton**

(b) Address **Harrisonville, Missouri**

17. (a) **Burial** (b) Date thereof **2/25/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Holden, Missouri**

18. (a) Signature of funeral director **Canaday and Ropp**

(b) Address **Holden, Missouri**

19. (a) **2-26-48** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **23**  
year **1948** hour **4/20** minute **A** M.

21. I hereby certify that I attended the deceased from **2-18-48**  
to **2-23-48**, 19\_\_\_\_; that I last saw him alive on **2-23-48**, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death **Fallopian tube Peritonitis**

Due to **Intestinal obstruction (n.m.o.)**

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: **Peritonitis 122-8**  
Of operation **obstructed Ovary**  
Of autopsy **same**

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)

(e) Means of injury \_\_\_\_\_

23. Signature **Halter** (M. D. or other) \_\_\_\_\_  
Address **1132 Quapier** Date signed **2/26/48**

JAN 18 1949

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..... *M. J. Conaway* .....

Licensed Embalmer No. *3434* .....

P. O. Address *Belden, 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.**