

251/39

CERTIFICATE OF DEATH

CLASS NO.

NO. OF RECORD

CENSUS TRACT NO.

36673

DISTRICT OF COLUMBIA HEALTH DEPARTMENT, BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH:
- (a) Street address 5909 Hymanwood Rd.
- (b) Name of hospital or institution _____
- (c) Length of stay: In hospital or institution _____
- (d) In District of Columbia _____
2. USUAL RESIDENCE OF DECEASED:
- (a) State Maryland (b) County Montgomery
- (c) City or town Ford Area
(If outside city or town limits write RURAL)
- (d) Street address 5909 Hymanwood Rd.
(If rural give location)
- (e) If foreign born, how long in U. S. A.? _____ years

3. (a) FULL NAME (Print) FREDERICK W. CONRAD

3. (b) SOCIAL SECURITY NO. _____

3. (c) IF VETERAN, NAME WAR _____

4. SEX: Male 5. COLOR OR RACE: White 6. (a) SINGLE, MARRIED, WIDOWED, DIVORCED: Married

6. (b) NAME OF HUSBAND OR WIFE Guth Conrad

7. BIRTH DATE OF DECEASED Jan 29 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If LESS than one day	hr.	min.
	<u>45</u>					

9. BIRTHPLACE D.C.
(City, town or county) (State or foreign country)

10. USUAL OCCUPATION Steam Engineer

11. INDUSTRY OR BUSINESS _____

12. NAME (Print) John M. Conrad

13. BIRTHPLACE Ind.
(City, town, or county) (State or foreign country)

14. MAIDEN NAME (Print) Jessie M. Conrad

15. BIRTHPLACE _____
(City, town, or county) (State or foreign country)

16. (a) INFORMANT Guth J. M. Conrad

(b) ADDRESS 5909 Hymanwood Rd.

(c) RELATION OF INFORMANT TO DECEDENT Wife

17. (a) PLACE OF BURIAL, CREMATION, OR REMOVAL Congressional

(b) DATE Aug 30, 1942
(Month) (Day) (Year)

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

(b) ADDRESS 300 4th St. N.E.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 17, 1942
(Month) (Day)
at _____ m.
(State exact time of death)

21. I HEREBY CERTIFY that I attended the deceased from _____, 19____, to _____, 19____;

That I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____ DURATION _____

Carbon Monoxide

Due to _____

Gas Poisoning

Due to _____

Suicide

Other conditions _____

(Include report of pregnancy within 3 months of death)

PHYSICIAN

Underline the cause to which death should be charged statistically.

OPERATION:

Name _____ Date _____

Major findings _____

Autopsy findings _____

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, in industrial place, in public place? _____
(Specify type of place)

(e) Means of injury _____

23. SIGNATURE Benz Perry J.P.P.

Address Petersburg, Ind. Date signed _____

IMPORTANT NOTICE.—Failure to submit a Certificate of Death to the Health Department within forty-eight hours after the date of death is a violation of the laws of the District of Columbia. It is also a violation for any person or persons having custody of a body to hold it unburied for a longer period than one week after death. Violation of these laws is punishable by fine or imprisonment or both.

THIS IS A PERMANENT RECORD. PLEASE FILL OUT WITH TYPEWRITER (EXCEPT SIGNATURES) OR WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. AGE should be stated EXACTLY; if unknown, give approximate age. PHYSICIANS should state CAUSE of DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. Space for remarks may be found on the other side.