

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6039
Do not use this space.

REC'D MAR 14 1938

1. PLACE OF DEATH

(a) County Boone 2 Registration District No. 73

(b) Township Columbio 1 Primary Registration District No. 5112

(c) City (d) Street No. Route 4 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME WILLIAM EDWARD RADER 360

(a) Residence, No. Route 4 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucinda Frances Rader

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-14-1861

7. AGE YEARS 76 MONTHS 5 DAYS 20 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER 13. NAME John Rader

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Malinda Jinsley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Mrs. Clay Schwobe
Columbio Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbio, Mo. DATE 2-6-1938

19. FUNERAL DIRECTOR (ADDRESS) Parker Furniture Co
Columbio, Mo.

20. FILED 2/5/1938 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-4-1938

I HEREBY CERTIFY, That I attended deceased from Dec 4th 1937 to Feb 4th 1938
I last saw him alive on Feb 4th 1938. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:
Inchion Rectal Abscess. Date of onset 12-3-

Other contributory causes of importance:
Penitentiary

Name of operation Jaw 25th opened abscess Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Roy Simpson M. D.
74 (Address) Columbio Mo.

STATEMENT BY LICENSED EMBALMER

I, M. V. Phitridis, Licensed Embalmer No. 3893
hereby certify that the body recorded on the reverse side of this certificate was embalmed by M. V. Phitridis

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

M. V. Phitridis

Licensed Embalmer No. 3893

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.)