

REC'D APR 20 1938

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

10441
 Do not use this space.

1. PLACE OF DEATH
 (a) County Christian Registration District No. 183
 (b) Township Porter Primary Registration District No. 4109 Registered No. 5-
 (c) City Nixa (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 Jess Rader 360
 (a) Residence, No. Nixa Mo. 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) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 6. 1894
 7. AGE YEARS 43 MONTHS 8 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) Mo.FATHER 13. NAME Jim Rader14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.MOTHER 15. MAIDEN NAME Lucy Robertson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.17. INFORMANT Mrs. Nell Campbell (ADDRESS) Ozark, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE Apr. 16. 193819. FUNERAL DIRECTOR J. W. Maples (ADDRESS) Clever Mo.20. FILED April 18, 1938 Ida B. Hawkins Local Registrar. 169

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April. 14. 193822. I HEREBY CERTIFY, That I attended deceased from Orly saw him over to _____, 19____I last saw him alive on Apr. 12, 1938. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis Date of onset Probably longerOther contributory causes of importance: 23 hrName of operation _____ Date of _____
 What test confirmed diagnosis? Phy. Aut. Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury Apr. 14. 1938Where 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? _____

If so, specify _____ (Signed) A. B. Hanson, M. D.(Address) Nixa, Mo.

STATEMENT BY LICENSED EMBALMER

I, J. W. Maples, Licensed Embalmer No. 298

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed J. W. Maples

Licensed Embalmer No. 298

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

1044
Do not use this space.

1. PLACE OF DEATH
(a) County Christians Registration District No. 183
(b) Township..... Primary Registration District No. 4109 Registered No.....
(c) City Mesa (d) Street No..... 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 Jess Rader
(a) Residence, No. 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 m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S
(Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 8 8

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Truck driver
9. Industry or business in which work was done, as saw mill, bank, etc. in Kansas city
10. Date deceased last worked at this occupation (month and year) deceased in car 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) He was a soldier in World War.

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED April 18, 1908 Ida B. Hawkins Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 14 1938

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw him alive on 19... Death is said to have occurred on the date stated above, at... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) W. B. Wasson, M. D.
(Address) Mesa

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. INFORMATION SHOULD BE CAREFULLY CHECKED, SO THAT IT IS CORRECT. PHYSICIAN'S SIGNATURE AND OCCUPATION IS VERY IMPORTANT. KEY HERE COMPLETED AS PRESCRIBED BY LAW. N. B. 5-5004 CAUSE OF DEATH REGISTERED BY SK-AL.

SUPPLEMENTARY

