

Registration District No. 796

Primary Registration District No. 3038

Registrar's No. 162

1. PLACE OF DEATH:

(a) County Saline **2**
 (b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
654 E. Mitchell
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
 (c) City or town Marshall
(If outside city or town limits, write "RURAL")
 (d) Street No. 654 E. Mitchell
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Greeman Earnest Rader **360**

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

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Emma Rader 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased (Month) 11 (Day) 13 (Year) 1879

8. AGE: Years 59 Months 10 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Boone, Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Marshall Rader **0**
 18. Birthplace Jefferson City Mo
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Odgen
 15. Birthplace Jefferson City Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Earnest E. Rader
 (b) Address Marshall Mo

17. (a) 354 E. Mitchell (b) Date thereof 10-10-39
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hazel Grove Cem

18. (a) Signature of funeral director Clay Shelton
 (b) Address Marshall Mo 712

19. (a) 10-10-39 (b) Mary Kent
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10 year 1939 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from 10/10/39 to 10/10/39 that I last saw him alive on Oct 8 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis **7 yrs**

Due to _____
 Due to _____
 Other conditions 93C
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____

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 Missouri (M. D. or other) _____
 Address Marshall Mo Date signed 10/10/39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1939-1

RECEIVED
District Health Officer No. 8,
District File Number 11/139
Date Filed 11/13/39

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.....

William C. Shelton....., Registered Apprentice No.....

working under my personal supervision.

Signed William C. Shelton.....

Licensed Embalmer No. 3929.....

P. O. Address Marshall, 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, above space should be left blank.