

APR 23 1940  
Registration District No. 2521

Primary Registration District No. 5625

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town Palmer  
(c) Name of hospital or institution: Lafayette County Home  
(d) Length of stay: 8 days  
In this community all his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette  
(c) City or town R.F.D. Odessa, Mo  
(d) Street No. 0  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME JOHN F READER

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

4. Sex Male  
5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Jessie Reader  
6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased Oct 7 1878

8. AGE: Years 61 Months 5 Days 20  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Napoleon Mo

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name William Reader  
13. Birthplace Napoleon Mo  
14. Maiden name Emma Schraprauer  
15. Birthplace State of Kentucky

16. (a) Informant Jesse Menter  
(b) Address Washington, Mo

17. (a) Burial (b) Date thereof March 29, 1940  
(c) Place: burial or cremation Arndt Cemetery, Napoleon

18. (a) Signature of funeral director E. J. James  
(b) Address Concordia, Mo

19. (a) Mar 27/40 (b) Delia Bates

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 27  
year 1940 hour 2 minute a M.

21. I hereby certify that I attended the deceased from Mar 19 1940 to Mar 27 1940  
that I last saw him alive on Mar 25 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis & dilatation  
Due to: Circulatory failure  
Duration 2 yrs  
Due to: \_\_\_\_\_  
Duration 3 mo

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) \_\_\_\_\_  
(d) Means of injury \_\_\_\_\_

23. Signature A. Johnston (M. D. or other) \_\_\_\_\_  
Address Concordia, Mo Date signed 3-27-40

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 4-11-40

**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.....

*me*, Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. *2058*

P. O. Address *Concordia, 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.**