

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 80 Primary Registration District No. 5-119 Registrar's No. _____

1. PLACE OF DEATH
(a) County Buchanan
(b) City or town Rural - Center
(c) Name of hospital or institution: R.F.D. #5 St. Joseph Mo
(d) Length of stay: In hospital or institution 2
In this community 72 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town Rural
(d) Street No. R.F.D. #5 St. Joseph
(e) If foreign born, how long in U. S. A.? 72 years.

3. (a) PRINT FULL NAME William F Radeck
3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 9
year 1940 hour _____ minute 1:15 P.M.

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Martha Jane Radeck
6. (c) Age of husband or wife if alive 18 1/2 years
7. Birth date of deceased: February 6 1868

21. I hereby certify that I attended the deceased from June 23^d 1940, to July 9th 1940, that I last saw him alive on July 9th 1940 and that death occurred on the date and hour stated above.

8. AGE: Years 90 Months 2 Days 2
If less than one day hr. _____ min. _____

Immediate cause of death Chronic Myocarditis
Duration unknown

9. Birthplace Minden, Germany
(City, town, or county) (State or foreign country)

Due to Asthmatic Bronchitis
Other conditions (Include pregnancy within 3 months of death) None

10. Usual occupation farmer

11. Industry or business _____

12. Name W. L. Radeck
13. Birthplace _____
14. Maiden name _____
15. Birthplace _____

Major findings: Of operations _____
Of autopsy _____

16. (a) Informant W. L. Radeck
(b) Address Agency Mo
17. (a) Burial (b) Date thereof 7/11/1940
(c) Place: burial or cremation Facet Cemetery
18. (a) Signature of funeral director H. A. Sullivan
(b) Address Gower, Mo
19. (a) July 10 - 1940 (b) Ms. Lucy Powell

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 80
While at work? _____ (Specify type of place) _____
(e) Means of injury _____
23. Signature S. L. Duhamel (M. D. or other) _____
Address Duhamel Mo Date signed 7-10-40

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

MOTHER FATHER

RECEIVED
District Health Officer No. ii, 4
District File Number 940-1364
Date Filed SEP 11 1940

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.....

....., Registered Apprentice No. ✓
working under my personal supervision.

Signed H. A. Sullins

Licensed Embalmer No. 1728

P. O. Address Gower, 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.