

S. No. 2
1-4-41
5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22478

FILED JUL 20 1941
District No. 23

Primary Registration District No. 6137

Registrar's No. 31

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

1. PLACE OF DEATH:

(a) County TEXAS

(b) City or town Houston, Harris Co

(c) Name of hospital or institution: Home 1

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 3 YRS years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Tex (b) County Texas 107

(c) City or town Houston 6

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____ 0

3. (a) PRINT FULL NAME JOHN WILLIAM STRADER

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27th year 1941 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from 9-20-40 to 10-27 1941

that I last saw him alive on 10-23 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Miss Estlin Edith Strader 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased: 9 (Month) 19 (Day) 1875 (Year)

Immediate cause of death: coronary thrombosis

Due to arteriosclerotic processes

Due to _____

8. AGE: Years 68 Months 1 Days 8 If less than one day _____ hr. _____ min.

Other conditions: Arteriosclerosis
Calcaneus

Major findings: _____

Of operations: _____

Of autopsy: 940

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

9. Birthplace Columbia Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Drayman

11. Industry or business _____

MOTHER FATHER

12. Name _____

13. Birthplace not known (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Don Walker

(b) Address Soc Security/Houston Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/18/41 (Month) (Day) (Year)

(c) Place: burial or cremation Houston

18. (a) Signature of funeral director Gaylord W. Keith

(b) Address Houston Mo

19. (a) Oct. 28 1941 (Date received local registrar) (b) Mahee Shacklett (Registrar's signature)

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 Paul J. Gundersen (Physician's signature)

Address Railroad Ave, Houston, Tex Date signed 10/27

1240 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

District File Number 242242

Date Filed 7-17-40

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.....

This body was Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Frank Wood*

Licensed Embalmer No. *4026*

P. O. Address *Houston, 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, fact should be so stated above.