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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34694**

FILED OCT 27 1942

Registration District No. **316**

Primary Registration District No. **6073-**

Registrar's No. **128**

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mo. State Hospital No. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months, 15 ds.
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Frankclay RURAL
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LULA RADDATZ

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ernest Raddatz

6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased March 6 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 6 23 _____ hr. _____ min.

9. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {

12. Name John Henry Crump

13. Birthplace Near Farmington Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Martha A. Marler

15. Birthplace Mineral Point Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof Oct. 1, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Big River Cem., Irondale, Mo.

18. (a) Signature of funeral director J. S. Boyer

(b) Address Leadwood, Mo.

19. (a) Oct. 3, 1942 (b) Byrdia Submaster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29
year 1942 hour 2 minute 20 A. M.

21. I hereby certify that I attended the deceased from Sept. 11, 19 42 Sept. 29, 19 42
that I last saw h. ET alive on Sept. 28, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Arterio-Sclerosis 6 yrs.

Due to _____

Due to _____

Other conditions Polycoria 2 yrs.
(Include pregnancy within 9 months of death)

Major findings: 97

Of operations _____

Of autopsy _____

Duration

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)

(e) Means of injury _____

23. Signature Otto R. Schuda (M. D. or other) _____

Address Farmington, Mo. Date signed _____

OGT 201442

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 Bert L. Boy
Licensed Embalmer No. 3425
P. O. Address Leadwood, 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.