No. 2
5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No: 6640

Registration District No. 156 | Primary Registration District No. 2001 | Registrar's No. 115

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 830 Kentucky (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 26 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin (If outside city or town limits, write "RURAL")
(d) Street No.: 830 Kentucky (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Elva Elizabeth Rader
3. (b) If veteran, name war: * * *
3. (c) Social Security No.: * * *
4. Sex: Fem
5. Color or race: W
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Chas. Rader, Sr.
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: August 2, 1892 (Month) (Day) (Year)
8. AGE: Years 50 | Months 5 | Days 22 | If less than one day ..... hr. ..... min.
9. Birthplace: Iron Mountain (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: home duties
11. Industry or business .....
12. FATHER Name: George W. Walton
13. FATHER Birthplace: Terra Haute Indiana (City, town, or county) (State or foreign country)
14. MOTHER Maiden name: Hannah C. Crader
15. MOTHER Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Felix DeBoos
(b) Address: Joplin Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-27-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairview
18. (a) Signature of funeral director: Hurlbut Und. Co.
(b) Address: Joplin, Mo.
19. (a) 2-26-43 (Date received local registrar) (b) Gertrude Sudhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24 year 1943 hour 3 minute 33 P.M.
21. I hereby certify that I attended the deceased from Dec 15 1942 to Feb 24 1943 that I last saw her alive on Feb 24 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ulcerative Colitis	
Due to:	
Due to: 120 P	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: Ulcerative Colitis	

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature: W. M. Pence (M.D. or other) D.O.
Address: Carthage Mo Date signed 2/24/43

1204 (Licensed Embalmer's Statement on Reverse Side)

43-2-211

OCT 27 1944

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 Perry K. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.