

LED MAY 13 1943

Registration District No. **69**

Primary Registration District No. **4122**

Registrar's No. **6**

1. PLACE OF DEATH:

(a) County **Christian**
(b) City or town **Nixa**
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community **all of life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME

James A. Rader

3. (b) If veteran name war **no.** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Aug. 15 - 1904**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 7 19 hr. min.

9. Birthplace **Mo. I**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name **James Andrew Rader**
13. Birthplace **Mo. I**
14. Maiden name **Lucy Robertson**
15. Birthplace **Mo. I**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lucy Steffler, Nixa Mo**

(b) Address **Clever Mo**

17. (a) **Burial** (b) Date thereof **4-5-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dobson Cem**

18. (a) Signature of funeral director **J.W. Maples**

(b) Address **Clever Mo**

19. (a) **Apr 8, 1943** (b) **Edna W. ...**
(Date received local registrar) (Registrar's name)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Christian**
(c) City or town **Nixa**
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr.** day **4th**
year **1943** hour **8** minute **20 A** M.

21. I hereby certify that I attended the deceased from **Dec 18**
_____ 19 **40** to **April 4** 19 **43**
that I last saw him alive on **April 4** 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial degeneration** Duration **8 mo**

Due to **Pulmonary Tuberculosis** **2 yrs**

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: **1361**
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) (e) Means of injury **7**

23. Signature **J. G. Purves** (M. D. or other) **MO.**
Address **Nixa, Mo.** Date signed **4-8-43**

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

29
00

1247

RECEIVED

District Health Officer No. 6,

District File Number 543-569

Date Filed MAY 17 1943

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 J. W. Maples

Licensed Embalmer No. 2985

P. O. Address Cleveland, 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.