

FILED JUN 7 1945
Registration District No. 260

Primary Registration District No. 3074

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

1. PLACE OF DEATH:

(a) County Vernon Co.
 (b) City or town Neuada
 (If outside city or town limits, write "RURAL" and name of township).
 (c) Name of hospital or institution:
City hospital
 (If not in hospital for institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 hours
 In this community LIFE
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Bates
 (c) City or town Rich Hill
 (If outside city or town limits, write "RURAL")
 (d) Street No. W. Maple
 (If rural, give location)
 (e) Citizen of foreign country? 1 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Earl C. Rider
 (b) If veteran, name war _____
 (c) Social Security No. 500-10-9083

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
 year 1945 hour 12 minute 15 AM

21. I hereby certify that I attended the deceased from MAY 23rd 1945 to MAY 24th 1945
 that I last saw him alive on MAY 24 1945
 and that death occurred on the date and hour stated above.

4. Sex ma 5. Color or race w 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive decided years
 7. Birth date of deceased March 15 1892
 (Month) (Day) (Year)

Immediate cause of death Pulmonary Embolus Duration 15 min
 Due to Fractures + Internal Injuries 12 hrs
 Due to Accident

8. AGE: Years 53 Months 2 Days 8 If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations none 1950 N
 Of autopsy None 1945 H
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace Bates Co. Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Day Labor

11. Industry or business Coal Mining

12. Name W. S. Rider

13. Birthplace Bates Co. Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Letitia B. Blair

15. Birthplace Vernon Co. Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Reuby "Rider" Grimm

(b) Address 3014 Harrison St. C. Mo.

17. (a) Burial (b) Date thereof 5/27/45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rider Cem.

18. (a) Signature of funeral director Booths
 (b) Address Rich Hill Mo.

19. (a) 5-31-45 (b) W. H. B. Bensch
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence 12 NOON 5-23-45
 (c) Where did injury occur? VERNON MO.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Tipple Wigner Coal Co.
 While at work? yes (Specify type of place) (e) Means of injury x (over)
 23. Signature W. S. Allen Address Neuada, Mo Date signed 5/28/45

NOTE:

This man was injured in a conveyor belt in which he was caught while trying to stop it, at noon (5/23/45). He was caught by one of the buckets of the belt and pulled through narrow quarters at the lower end of the conveyor serving the coal tippie. Injuries sustained were fractures of the left forearm (both bones) and the upper extremity of the left femur, internal injuries of the abdomen and chest, and several severe lacerations of the extremities and body.

WHA

FEB 2 1946

RECEIVED

Death Officer No. 7,

Case No. 5-43-802

Date Filed 6-6-45

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 *me*

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

Signed *J. Hudson Reasby*

Licensed Embalmer No. *2730*

P. O. Address *Rich Hill 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.