

FILED OCT 17 1946

State File No. _____

Registration District No. 2

Primary Registration District No. 6296

Registrar's No. 84

1. PLACE OF DEATH:
 (a) County Cape Girardeau
 (b) City or town Rural Kinder
(If outside city or town limits, write "RURAL" and name of township)
 (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 _____
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Cape Girardeau
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. near Burfordville
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No) _____
 If yes, name country _____

3. (a) PRINT FULL NAME Sterling price Strader
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W.
 6. (a) Single, widowed, married, divorced M.
 6. (b) Name of husband or wife Emma Strader 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased Jan. 26 1883
(Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 10
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name William Strader
 13. Birthplace Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Silda Austin
 15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Emma Strader
 (b) Address Burfordville, Mo.

17. (a) Burial (b) Date thereof Oct. 8, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crader Cemetery

18. (a) Signature of funeral director Baker Funeral Home
 (b) Address Lutesville, Mo.

19. (a) 10-10-46 (b) D. J. Siebert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 6
 year 1946 hour 7:00 minute 10 P.M.
 21. I hereby certify that I attended the deceased from Oct
 1946 to Oct 1946
 that I last saw him alive on Oct 3 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 1 hr
 Due to Hypertension 5 yr
 Due to arterial sclerosis 10 yr
 Other conditions myocarditis 10 yr
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
93D
 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) _____
 (c) Means of injury _____
 23. Signature T. E. Ruff (M. D. or other) MD
 Address Jackson Mo Date signed 10/10/46

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

RECEIVED

Director Health Officer No. 4
File Number 1046-275
Date Filed 10-15-46

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. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, Md.

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.

Registration District No. 52

Primary Registration District No. 6296

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Sterling P. Strader

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Jan 26 (Month) (Day) (Year)

8. AGE: Years 63 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 10-10-46 (Date received local registrar) (b) D. G. Stribner (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration _____

Due to _____

Due to _____

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

Major findings: 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 _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

SUPPLEMENTARY

MOTHER FATHER

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

32972