. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3912

Registration District No. 32 Primary Registration District No. 5110 Registrar's No. 14

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Rural Filmore
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger 9
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Near Gracey 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jeff A Strader.
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Hellen Strader
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased June (Month) 10 (Day) 1867 (Year)

8. AGE: Years 79 Months 9 Days 29 If less than one day hr. min.

9. Birthplace Wright Co (City, town, or county) 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business 9
FATHER
12. Name Dont Know
13. Birthplace (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Dont Know, /
15. Birthplace (City, town, or county) 0 (State or foreign country)
16. (a) Informant James Strader
(b) Address Fredericktown Mo, R F D #1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 11 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Gracey Cemetery
18. (a) Signature of funeral director Baker Funeral Home
(b) Address Lutesville Mo.
19. (a) 2-20-47 (Date received local registrar) (b) Willie VanAmburgh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8th year 1947 hour 9 minute 30 P M.
21. I hereby certify that I attended the deceased from Feb 9, 1947 to Feb 9, 1947 that I last saw him alive on Feb 9, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

83A

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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature W B Pampa (M. D. [redacted])
Address Lutesville Mo Date signed 2/11/47

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(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4

District File Number 247-286

Date Filed 2-25-47

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 A. J. Baker

Licensed Embalmer No. 3573

P. O. Address Lutherville, 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.