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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1948

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16511

Registrar's No. 2160

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

2. USUAL RESIDENCE OF DECEASED: 999 140 2
(a) State Kansas (b) County
(c) City or town McLouth
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Shrader, Edgar Charles
3. (b) If veteran, name war None
3. (c) Social Security No. 510-07-7150
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Beulah
6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased October (Month) 4 (Day) 1903 (Year)
8. AGE: Years 44 Months 7 Days 17 If less than one day hr. min.
9. Birthplace McLouth (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Charles W Shrader
FATHER 13. Birthplace (City, town, or county) Illinois (State or foreign country)
MOTHER 14. Maiden name Fannie Werst
MOTHER 15. Birthplace Ozawkie (City, town, or county) Kansas (State or foreign country)
16. (a) Informant Beulah Shrader
(b) Address McLouth Kansas
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 5-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation McLouth Kansas
18. (a) Signature of funeral director H H Sutton
(b) Address Kansas City Kansas
19. (a) 5-23-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 21 day 21 year 1948 hour 11:30 minute 9 M.
21. I hereby certify that I attended the deceased from 1947, 19 to May 21, 1948, that I last saw him alive on May 21 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Coronary Thrombosis — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 9 yr
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Richard Simmons M.D. (M.D. or other)
Address 3937 Main Date signed May 23 48

(Licensed Embalmer's Statement on Reverse Side)

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 R A Fulton

Licensed Embalmer No. 3503

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.