

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

FILED OCT 26 1948

32225

State File No. _____

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 317

1. PLACE OF DEATH:

(a) County Cape Girardeau
 (b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution N.E. No Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 days
(Specify whether
 In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
 (c) City or town 402 Bellvue Jackson Mo
(If outside city or town limits, write "RURAL")
 (d) Street No. 402 Bellvue 1
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Columbus Franklin Crader

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 Married
 6. (b) Name of husband or wife Cora Nelson Crader 6. (c) Age of husband or wife if alive 53 years
 7. Birth date of deceased Dec 4 1879
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Burfordville Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER { 11. Industry or business _____

12. Name George Crader
 13. Birthplace Burfordville Mo
(City, town, or county) (State or foreign country)
 14. Maiden name Floa Readwell
 15. Birthplace Wes coast
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs C.F. Crader
 (b) Address Jackson Mo

17. (c) Burial (b) Date thereof 10/19/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Russell Heights
McComb & Co

18. (a) Signature of funeral director Jackson Mo
 (b) Address _____

19. (a) 10-19-48 (b) C. C. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17
 year 1948 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 11, 1948, to Oct 17, 1948;
 that I last saw him alive on Oct 16, 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion 8 days
 Duration _____

Due to _____

Due to _____

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

Major findings: _____
 Of operations gfu
 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? 0
(Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature C. F. McDonald (M. D. or other) _____
 Address Jackson, Mo Date signed 10-19-48

RECEIVED

Health Officer No. 4
File Number 1048
10-25

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 B. A. Meyer

Licensed Embalmer No. 3051

P. O. Address. Jackson 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.