N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 20 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41566
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper Registration District No. 411
(b) Township Primary Registration District No. 2002 Registered No.
(c) City Joplin (d) Street No. St Johns Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Russell E. Strader
(a) Residence, No. 1215 Iowa St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mildred Strader
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-27-1916
7. AGE Years 21 Months 5 Days 6 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Truck Driver
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo.

FATHER
13. NAME R L. Strader
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Doris Ryan.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Doris Collins.
18. BURIAL ~~CREMATION, OR REMOVAL~~
PLACE Mt Hope. DATE 11-3 1937
19. FUNERAL DIRECTOR (ADDRESS) Langher Mortuary Joplin Mo.
20. FILED 11-3 1937 Ed J James Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2. 1937.
22. I HEREBY CERTIFY, That I attended deceased from 11-3, 1937, to 11-3, 1937
I last saw h— alive on Nov. 3—, 1937. Death is said to have occurred on the date stated above, at 12:35A m. 11/2/37.
The principal cause of death and related causes of importance were as follows:

Gas Bacillus Gangrene as result of automobile accident (driving car) 2/8M

Date of onset

Other contributory causes of importance: Comp. fracture of left tibia and fract of left fore arm

Name of operation none Date of —
What test confirmed diagnosis? ✓ Was there an autopsy? View

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 10/30, 1937
Where did injury occur? Joplin Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Rail Road intersection with 10 street
Manner of injury Truck - Train Collision
Nature of injury Fract of tibia & Radius

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ✓
(Signed) A. N. Winchester, Coroner, M. D.
(Address) Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

OCT 24 1966

STATEMENT BY LICENSED EMBALMER

I, Allen E. Langhner, Licensed Embalmer No. 3574

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Allen E. Langhner

Licensed Embalmer No. 3574

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