

Re. JUL 12 1938
JUL - 2 1938

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

21147
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Jean Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. K C Gen Hosp Registered No. 2597
 (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 George Bader 360
 (a) Residence, No. 47041 Charlotte St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helma Bader

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC 31, 1879

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>62</u>	<u>60</u>	<u>5</u>	<u>19</u>

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as saw mill, bank, etc. meat cutter

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) Wisc.

FATHER 13. NAME George Bader
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

MOTHER 15. MAIDEN NAME Budget Riley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Reverend Clerk K C Gen Hosp

18. BURIAL CREMATION, OR REMOVAL PLACE Greenlawn Cem DATE Wed 29, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. S. Foster 918 Brooklyn KCM

20. FILED 6-28-38 M. D. Malone Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-23, 1938, to 6-25, 1938
 I last saw him alive on 6-25, 1938 Death is said to have occurred on the date stated above, at home
 The principal cause of death and related causes of importance were as follows:
Hypertensive Heart disease; Anasarca
 Date of onset _____

Other contributory causes of importance: 131
Chronic vascular nephritis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) P. A. De Maria, M. D.
 (Address) Sup't K C Gen Hosp

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.