

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

32575
 Do not use this space.

REC'D OCT 24 1938

1. PLACE OF DEATH

(a) County Lafayette Registration District No. 460
 (b) Township David Primary Registration District No. 4274
 (c) City Higginsville (d) Street No. 48 Registered No. 48
 (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 August H. Hader
 (a) Residence, No. Higginsville, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30th 1894

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>64</u>	<u>1</u>	<u>20</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant

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) 15 Sept. 1938

11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Higginsville, Mo.

FATHER

13. NAME Henry Hader

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Caroline Briepohl

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) W. H. Hader Higginsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Higginsville DATE 9/22/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Hader Higginsville, Mo.

20. FILED Oct 1 1938 Tiffany Walsh Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1938 to Sept 20 1938
 I last saw him alive on Sept 20 1938. Death is said to have occurred on the date stated above, at 1 P. m.
 The principal cause of death and related causes of importance were as follows:

Influenzae
Tubercular Meningitis
Pneumonia

Date of onset	<u>9-15-38</u>
	<u>9-19-38</u>
	<u>9-17-38</u>

Other contributory causes of importance: None

Name of operation None Date of -
 What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None 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. None

Manner of injury -
 Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify -
 (Signed) James D. Moore, M. D.
 (Address) Higginsville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10/5/38

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,

Forest Rickhof

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Forest Rickhof

Licensed Embalmer No. 3637

P. O. Address Higginsville, 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, above space should be left blank.