REC'D MAR 21 1939

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

7593
Do not use this space.

1. PLACE OF DEATH
(a) County Randolph
(b) Township Sugar Creek
(c) City Moberly Mo.
(d) Street No. ..... 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 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 735
Primary Registration District No. 3034
Registered No. 25

2. PRINT FULL NAME 360 JOSEPH WORNER VADER.
(a) Residence, No. 653 North Ault St. Moberly Mo. 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~~ Rosa Jane Vader

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. - 11 - 1885

7. AGE: YEARS 54 | MONTHS — | DAYS 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
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) Feb. 6 - 1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co. Mo.

FATHER
13. NAME John Vader
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Anna Gipson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co. Mo.

17. INFORMANT (ADDRESS) Mrs. Rosa J. Vader 653 N. Ault St. Moberly Mo.

18. BURIAL, CREMATION, OR REMOVAL Macon Co. Mo.
PLACE Fairview Cemetery DATE Feb. - 9 - 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Snow Funeral Home Moberly Mo.

20. FILED Feb. 8, 1939 Ethel Clecton Local Registrar. By Doris [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. - 7 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Coroner's Case, 19..., I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:40 a.m.
The principal cause of death and related causes of importance were as follows:

Natural but not determined, probably coronary thrombosis

Date of onset ?

Other contributory causes of importance: None

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

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? No
If so, specify —
(Signed) E. H. Shrader, M. D.
(Address) Moberly, Mo.

925

(Licensed Embalmer's Statement on Reverse Side)

... may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 10
Register File Number 10-39-431
Date Filed MAR 10 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by myself, or by P. M. Potter

Registered Apprentice No. 185, working under my personal supervision.

Signed Thos. E. Barnes

Licensed Embalmer No. 2414

P. O. Address Moberly Mo

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

If this body is not embalmed, above space should be left blank.