

63 JUN 8 1939

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

19002
Do not use this space.

1. PLACE OF DEATH
 (a) County Johnson Registration District No. 427
 (b) Township Jackson Primary Registration District No. 5592
 (c) City Em. Smith & Odessa 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ming Rader
 (a) Residence, No. _____ 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Narcissa Ann Rader

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2, 1876

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>62</u>	<u>10</u>	<u>21</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Johnson Co., Mo. (STATE OR COUNTRY) Mo.

FATHER
 13. NAME James Rader
 14. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY) _____

MOTHER
 15. MAIDEN NAME Elizabeth Wolfenbarger
 16. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY) _____

17. INFORMANT Mrs. Ming Rader (ADDRESS) Odessa, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Concord Cem. Odessa, Mo. DATE May 25, 1939

19. FUNERAL DIRECTOR (NAME) L.C. Husman (ADDRESS) Odessa, Mo.

20. FILED May 27, 1939 Mrs. S.D. Redford Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____. I last saw him _____ alive on Sudden, 19____. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:
Knife wound in the neck, led to death
 Date of onset _____

Other contributory causes of importance: 160

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Suicide Date of injury May 28, 1939
 Where did injury occur? at his home Odessa Mo. (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) G. P. Bradley M. D.
 (Address) Wassenaersburg Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

U. S. No. 2
FORM-1-12-38
I X14023

MISSISSIPPI BOARD OF EMERALMERS
STATE OF MISSISSIPPI
BOARD OF EMERALMERS

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

Jerry L. Korman

Licensed Embalmer No. 2543

P. O. Address Odessa, 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.