REC'D SEP 7 1939

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

29533
Do not use this space.

1. PLACE OF DEATH
(a) County Lafayette
(b) Township Washington
(c) City Near Odessa
(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.

Registration District No. 464
Primary Registration District No. 5626
Registered No. 39

2. PRINT FULL NAME 360 Sarah A. Hader
(a) Residence, No. ..... St. ..... (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
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 Harry Hader
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29 1872
7. AGE YEARS 67 MONTHS 1 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) Odessa Mo. 0

FATHER
13. NAME Killian Laum 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 0

MOTHER
15. MAIDEN NAME Louise Campbell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Odessa Mo.

17. INFORMANT (ADDRESS) Harry Hader Odessa Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Tabor DATE 8/26 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. C. Heesman Odessa
20. FILED 8/25 1939 Mrs E. M. Goodwin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-24- 1939
22. I HEREBY CERTIFY, That I attended deceased from 8-24- 1939, to 8-24- 1939
I last saw him alive on 8-24 1939 Death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis Chronic	
Myocarditis Chronic	
Coronary Case	

Other contributory causes of importance:
Diabetes Mellitus 59
Senility

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? .....
If so, specify .....
(Signed) [signature], M. D.
416 (Address) Odessa, Mo.
Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

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RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9/5/39

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.