

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

43165
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
 (b) Township Jefferson Primary Registration District No. 5293
 (c) City Jefferson City, Mo. (d) Street No. West Hy 50 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 Elizabeth Josephine Rademan

(a) Residence, No. West Hy #50 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 Lawrence A. Rademan
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23, 1917
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 0 4

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. Housewife
 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) Jefferson City, Mo.

FATHER 13. NAME Charles Distler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elston, Mo.

MOTHER 15. MAIDEN NAME Anna Josephine Bruns

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City, Mo.

17. INFORMANT (ADDRESS) Lawrence A. Rademan
Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE 11/29/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John F. Heinrichs
Jefferson City, Mo.

20. FILED 12/21, 1939 Garbisopolm
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/26/39 1939
 22. I HEREBY CERTIFY, that I attended deceased from January 1, 1939, to Nov 26, 1939
 I last saw her alive on Nov 26, 1939 Death is said to have occurred on the date stated above, at 11:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Bilateral
1 1/2 years ago
 Other contributory causes of importance:
Pneumothorax
11.19.39

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 _____
 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) Julian A. Ossman, M. D.
 (Address) Jefferson City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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.....
John J. Henrich....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John J. Henrich.....

Licensed Embalmer No. 3655.....

P. O. Address Jefferson City, 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.