

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

8512
Do not use this space.

1. PLACE OF DEATH **14 1949**
 (a) County Washington 2 Registration District No. 887
 (b) Township Brown 1 Primary Registration District No. 6179 Registered No. _____
 (c) City _____ (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 Martha's Raderick
 (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 <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Husband</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 30 1858</u>				
7. AGE	YEARS <u>82</u>	MONTHS <u>2</u>	DAYS <u>18</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>			
	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) <u>Washington Mo</u>				
FATHER	13. NAME <u>Simon Raderick</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Spain</u>			
MOTHER	15. MAIDEN NAME <u>Elizabeth Regan</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington Mo</u>			
17. INFORMANT (ADDRESS) <u>Harcia Raderick</u> <u>Cadet Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Palm mv</u> DATE <u>Dec 20 1949</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Sparks</u> <u>Potosi</u>				
20. FILED <u>Jan 1 1940</u> <u>G.F. Cressler</u> <u>Local Registrar</u>				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Dec 18</u> , 19 <u>39</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>12-18</u> , 19 <u>39</u> , to <u>12-18</u> , 19 <u>39</u> .	
I last saw him alive on <u>12-18</u> , 19 <u>39</u> . Death is said to have occurred on the date stated above, at <u>8 A.M.</u>	
The principal cause of death and related causes of importance were as follows: <u>Apoplexy</u>	
Other contributory causes of importance: <u>Arterio Sclerosis</u>	
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? _____ 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) <u>Joseph L. Flanagan</u> , M. D. (Address) <u>Potosi, Mo.</u>	

(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.

V. S. NO. 50114-19-38 I X 16693

EMERAL PLYWOOD

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.

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-40
22859

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8572**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **887**

Primary Registration District No. **6179**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Washington
 (b) City or town Bretton T.P.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____
 (If outside city or town limits write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Marthens Raderick
 (b) If veteran, name war _____
 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Dec day 18
 year 1909 hour _____ minute _____ M.

4. Sex m 5. Color or race w
 6. (a) Single, widowed, married, divorced m
 6. (b) Name of husband or wife _____
 6. (c) Age of husband, or wife, if alive _____ years
 7. Birth date of deceased: (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.
 Immediate cause of death _____

8. AGE: Years Months Days If less than one day
82 2 18 _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace (City, town, or county) (State or foreign country)
 10. Usual occupation _____
 11. Industry or business _____
 12. Name _____
 13. Birthplace (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? (Specify type of place) _____ means of injury.

16. (a) Informant _____
 (b) Address _____
 17. (a) _____ (b) Date thereof (Month) (Day) (Year)
 (Burial, cremation, or removal) _____
 (c) Place: burial or cremation _____
 18. (a) Signature of funeral director _____
 (b) Address _____
 19. (a) Dec 10 40 (b) G. F. Crossland
 (Date received local registrar) (Registrar's signature)

23. Signature Joseph Thurman
 Address Pratoei has signed

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

SUPPLEMENTAL

WRITE IN BLACK INK—MAKE A PERMANENT RECORD

