

0. 2  
4-41  
7-39  
X26390

FILED OCT 16 1941

Registration District No. \_\_\_\_\_

Primary Registration District No. 5937 d

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Dale, Mo.

(b) City or town Louisburg rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution South Greene Troop  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 4 yrs 1 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 084

(c) City or town Louisburg  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MERVIN WILCOX VADER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18 year 1941 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Frances Vader 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased July 2 1988  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>2</u>	<u>16</u>	hr. _____ min. _____

Immediate cause of death Multiplex Sclerosis of spine

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Dallas Co Mo. (City, town, or county) (State or foreign country) 6

10. Usual occupation farmer

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Louise Vader

13. Birthplace Dallas Co. Mo. (City, town, or county) (State or foreign country) 0

14. Maiden name Mary Hodges

15. Birthplace Dallas Co. Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant Frances Vader

(b) Address Louisburg Mo.

17. (a) Burial (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation Lewis Creek

18. (a) Signature of funeral director Hutchinson & Co.

(b) Address Bolivar Missouri

19. (a) Sept 16 (b) Mae Zimmerman  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury \_\_\_\_\_

Signature J. Earl Pitts 3 (M. D. or other) Coroner

Address Bolivar Mo Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Frank*

RECEIVED

Health Officer No. 7,

License Number 10-41-1764

Date Issued 10-10-41

**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 Frank Grable Jr.

Licensed Embalmer No. 4140

P. O. Address Balivaw, M

**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, fact should be so stated above.**