

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

28345

State File No. \_\_\_\_\_

1943 AUG 24 1942

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

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

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County SHANNON  
 (b) City or town EMMINENCE  
 (c) Name of hospital or institution: 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community LIFE  
 years, months or days

3. (a) PRINT FULL NAME ADDIE RADEK

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOW  
 6. (b) Name of husband or wife W. A. RADEK 6. (c) Age of husband or wife if alive 79 years  
 7. Birth date of deceased Dec 27 1860  
 (Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace SHANNON Co MO.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Housewife

11. Industry or business

MOTHER FATHER  
 { 12. Name J. C. BOYD  
 13. Birthplace Scott Co MO.  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name MARGARET JANE MCHENNY  
 15. Birthplace Nashville Tenn  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Myrtle Robinson  
 (b) Address Emminence Mo.

17. (a) 1347A 6 (b) Date thereof 7-20-42  
 (Serial, location, or cemetery) (Month) (Day) (Year)  
 (c) Place: burial or cremation Muncie Co Cem.

18. (a) Signature of funeral director Phil A. Trenchel  
 (b) Address Van Buren Mo.

19. (a) 7-19-42 (b) Frank Boyd, M.D.  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Shannon 101  
 (c) City or town Emminence Mo  
 (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. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19  
 year 42 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him alive on June - 1 -, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration \_\_\_\_\_

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

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

Other conditions (Include pregnancy within 3 months of death) 131

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

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

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 \_\_\_\_\_

23. Signature Frank Boyd (M. D. or other) \_\_\_\_\_  
 Address Emminence Mo Date signed 7-19-42

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5,

District File Number 849673

Date Filed 8-21-42

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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 7-19-42

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Philip A. Leuchs

Licensed Embalmer No. 2936

P. O. Address Van Buren St

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.