

FILED NOV 10 1942

Registration District No. 36

Primary Registration District No. 5118

1. PLACE OF DEATH:

(a) County Boone

(b) City or town The Baine MO  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: x / MO Jimp  
(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 \_\_\_\_\_ (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town The Baine 0  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME Rose Jesse

3. (b) If veteran, name war x

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7<sup>th</sup>  
year 1942 hour 7:20 minute P. M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ezra Jesse 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 20<sup>th</sup> 1888  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sep 9<sup>th</sup> 1942 to Sep 12<sup>th</sup> 1942  
that I last saw her alive on Sep 12 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years 54 Months 7 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cardiac  
of unknown

Due to no data

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

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

10. Usual occupation House wife

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

Other conditions (Include pregnancy within 3 months of death) 488

MOTHER FATHER

12. Name Andy Rader

13. Birthplace Boone Mo. (City, town, or county) (State or foreign country)

14. Maiden name MARTHA WREN ADAMS

15. Birthplace Cole MO (City, town, or county) (State or foreign country)

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

Of autopsy no

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Ezra Jesse

(b) Address The Baine MO

17. (a) Burial (b) Date thereof Oct 9<sup>th</sup> 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbus Cemetery

18. (a) Signature of funeral director R. O. Wreath

(b) Address Columbia, Mo

19. (a) 10/9 1942 (b) Mrs Betty Crane  
(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) X

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? X Y X  
(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 F. B. Kellerman (M. D. or other)

Address Columbia, Mo Date signed 10-8-42

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

**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. 3183

P. O. Address Columbia 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, fact should be so stated above.**