

FILED SEP 9 1943 7

Registration District No. **1037**

Primary Registration District No. **4214**

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

1. PLACE OF DEATH:

(a) County **Henry**
(b) City or town **Deepwater**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
A 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 _____ years, months or days

3. (a) PRINT FULL NAME **John Charles Reader**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **NO**

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

6. (b) Name of husband or wife **Emma Louisa Reader** 6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **October 2 1865**
(Month) (Day) (Year)

8. AGE: Years **77** Months **10** Days **22** If less than one day _____ hr. _____ min.

9. Birthplace **Peoria, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Blacksmith**

11. Industry or business _____

MOTHER FATHER
{ 12. Name **George David Reader**
{ 13. Birthplace **Berlin, Germany**
{ 14. Maiden name **Comfort Williams Bayley**
{ 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant **Edna Reader**

(b) Address **Deepwater, Missouri**

17. (a) **Burial** (b) Date thereof **8-26-43**
(Burial, cremation, or removal) (City or town) (County) (State)

(c) Place: burial or cremation **Clinton, Missouri**

18. (a) Signature of funeral director **Tom Rust**

(b) Address **Deepwater, Mo**

19. (a) **Aug 25 1943** (b) **Georgia Kitchener**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry**
(c) City or town **Deepwater, Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **CITIZEN** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **27** year **1943** hour **15 AM** minute **30** M.

21. I hereby certify that I attended the deceased from **Aug 23** 1943 to **16** 1943
that I last saw him alive on **Aug 23 4 PM** 1943 and that death occurred on the date and hour stated above.

Immediate cause of death **acute Rhusitis**
Chronic Gyn Myocarditis

Due to _____
Due to **g3d**
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

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 **J. S. Russell** (M. D. or other) **8/24/43**
Address **Deepwater** Date signed

SEP 17 1943

RECEIVED

District Health Officer No. 7, 8, 9, 10

District File Number 8-43-10, 9, 10

Date Filed 9-3-43

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 *James Hurst*

Licensed Embalmer No. 2782

P. O. Address. *Deepwater, 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.