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

FILED APR 5 1944
Registration District No. 2184

Primary Registration District No. 4416

State File No. _____
Registrar's No. 46

1. PLACE OF DEATH: Platte Co.
 (a) County Platte Co.
 (b) City or town Platte City Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (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 73 yrs. - 2 days (Specify whether)
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Platte
 (c) City or town Platte City
 (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 William Henee Rader
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced
 6. (b) Name of husband or wife Virginia 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased February 12 - 1971
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 14
 year 1944 hour 12 minute 40 A.M.
 21. I hereby certify that I attended the deceased from February 6
 1944 to Feb-14 1944
 that I last saw h. in alive on Feb-14 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
73 2 _____ hr. _____ min.

Immediate cause of death Coronary Occlusion Duration 9 days
 Due to _____
 Due to _____

9. Birthplace Platte Co. Missouri
 (City, town, or county) (State or foreign country)

Other conditions Myocardial infarction
 (Include pregnancy within 3 months of death)
enlarged heart

10. Usual occupation Decorator
 11. Industry or business _____
 MOTHER FATHER {
 12. Name William Rader
 13. Birthplace Platte Co. Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Bessie Beckman
 15. Birthplace Platte Co. Missouri
 (City, town, or county) (State or foreign country)

Major findings: 928
 Of operation _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Virginia Rader (Wife)
 (b) Address Platte City Mo.
 17. (a) Burial (b) Date thereof Feb. 15 - 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Platte City Cem.

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?

18. (a) Signature of funeral director Rollins Mitchell
 (b) Address Platte City Mo.
 19. (a) 3-24-44 (b) Mrs Clay Belter
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (d) Means of injury _____
 23. Signature Forward H. Belter (M. D. or other) W.D.
 Address Platte City, Mo. Date signed 2/25/44

RECEIVED

District Health Officer No. Platte
District File Number 4-44-29
Date Filed 4-3-44

FEB 8 1944

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

Rollins Mitchell Registered Apprentice No. _____
working under my personal supervision.

Signed Firman R. Nash
Licensed Embalmer No. 3947
P. O. Address Edgerton 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.