

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14050

State File No. _____

FILED MAY 8 1944

Registration District No. _____

Primary Registration District No. 4043

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Marble Hill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime years, months or days)

3. (a) PRINT FULL NAME Rosie Bell Crader

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife A. P. Crader 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Jan 21st 1867
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Hwf.

11. Industry or business _____

MOTHER FATHER { 12. Name Solomon Shanks
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Mary Bailey
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant J. A. Smith
(b) Address Marble Hill Mo.
17. (a) Burial (b) Date thereof Apr 4th 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bahns Chapel Cem.

18. (a) Signature of funeral director Baker Funeral Home
(b) Address Lutesville, Mo. T.E. Graham

19. (a) Apr 2, 1944 (b) Mrs. Geneva Graham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Bollinger
(c) City or town Marble Hill
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd
year 1944 hour 6:00 minute 20 P.M.

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

Immediate cause of death No medical attention
Probably Coronary
Obstruction
Due to _____

Due to _____
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.

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 T.E. Graham 3 (M.D. or other) coroner
Address Lutesville, Mo. Date signed 4-2-44

RECEIVED

District Health Officer No. 4

District File Number 544-3745

Date Filed 5-6-44

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

J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Butteville, 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.