

X3667

33171

State File No. ....

FILED OCT 24 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4102

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KAIRSAS CITY  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: RESEARCH HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 DAYS  
(Specify whether)

In this community 33 YEARS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KAIRSAS CITY  
(If outside city or town limits, write "RURAL")

(d) Street No. 6124 TROOST AVENUE  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME MR. ROBERT J. HADER

3. (b) If veteran, name war WORLD WAR I

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife JULIA H. HADER

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased: FEB. 20 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

54 7 20 hr. min.

9. Birthplace MORGAN COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation REAL ESTATE CO.

11. Industry or business OWNER

MOTHER FATHER

12. Name HENRY HADER

13. Birthplace CALIFORNIA MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name MARTHA CUNNINGHAM

15. Birthplace CALIFORNIA MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. J. Hader

(b) Address 6124 Troost ave.

17. (a) BURIAL (b) Date thereof OCT-12-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEM.

18. (a) Signature of funeral director D. W. Newcome's Sons

(b) Address 1401 BRUSH GREEN BLVD.

19. (a) 10-12-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 10TH  
year 1944 hour 2 minute 05 P.M.

21. I hereby certify that I attended the deceased from 9/28, 1944, to 10/10, 1944  
that I last saw him alive on 10/10/44  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic mellitus  
Diabetic acidosis & Coma

Duration

Due to .....

Due to .....

Other conditions 61  
(Include pregnancy within 3 months of death)

Major findings: Of operations .....

Of autopsy not yet reported.

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 H. J. Brown (M. D. or other) M.D.

Address 1014 Maple St. St. Louis Date signed 10/11/44

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

361

ICC 700

OCT 30 1944

NOV 1 1944

DEC 22 1944

2-4  
1612.0 Registration Bdly.

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 *H. C. Newcomer Jr.*

Licensed Embalmer No. 4043

P. O. Address *H. C. Newcomer*

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.