V. S. No. 2
00M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25 1944

Registration District No. 126

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 34480

Registrar's No. 500

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 314 West 15th St; (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin (If outside city or town limits, write "RURAL") 2

(d) Street No. 314 West 9th St; (If rural, give location) 5

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

If yes, name country No 0

3. (a) PRINT FULL NAME Charles W. Rader Sr.

3. (b) If veteran, name war Warld War 1.

3. (c) Social Security No. 493-14-0159

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced widower 2

6. (b) Name of husband or wife Elba Rader

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

7. Birth date of deceased April 9, 1882 (Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 4 If less than one day hr. min.

9. Birthplace Tennessee (City, town, or county) 1 (State or foreign country)

10. Usual occupation lead and zinc Miner

11. Industry or business

FATHER
12. Name Jack Rader
13. Birthplace Tenn. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Lourinda Rader
15. Birthplace no record (City, town, or county) 9 (State or foreign country)

16. (a) Informant Helen Rader Mitchell

(b) Address 903 Kentucky Joplin Mo;

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-44 (Month) (Day) (Year)

(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Hurlbut Und. Co;

(b) Address Joplin Mo;

19. (a) 10-14-44 (Date received local registrar) (b) Gertrud Sudhoelter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 13 day 1944

year hour 12-30 P. M. minute M.

21. I hereby certify that I attended the deceased from Oct. 7, 1944, to Oct 13, 1944; that I last saw him alive on Oct 8, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Rupture of right auricle	
Due to Pulmonary congestion	
Due to Pulmonary tuberculosis and anthracosis	Years
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations 13b

Of autopsy See above causes of death also hepatic enlargement marked

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? (Specify type of place)

While at work? (e) Means of injury 2

23. Signature R. A. Mahoney (M. D. or other) DO

Address Joplin, Mo. Date signed 10/3/44

1204

(Licensed Embalmer's Statement on Reverse Side)

44-10-883

OCT 30 1944

OCT 27 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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Perry T. Hurlbut

Licensed Embalmer No. -(%(.959

P. O. Address Joplin, 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.