

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED DEC 9 1944

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37427

Do not use this space.

1. PLACE OF DEATH

(a) County Carter Registration District No. 58
(b) Township North Primary Registration District No. 5212 Registered No. 17
(c) City or Van Buren Rural Street No. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Herman Grader St. Carter Co. Mo. (If death occurred in Hospital or Institution, write its name instead of street and number)
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Beene Grader
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12 1889
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 55 1 27
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo.

13. NAME Henry Grader

14. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Louise Jasper

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs Geo. Heidenreich
St Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Adelrich valley DATE 11-11

19. FUNERAL DIRECTOR (NAME) Stanton Hewitt (ADDRESS) Van Buren, Mo.

20. FILED Nov 10 1944 Mrs A J Smith Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9 1944

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 1944 to Nov 9 1944

I last saw him alive on Nov 9 1944 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Throat

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Frank Rucinski M. D.

(Address) Van Buren, Mo.

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 Seaton Dewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren

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, above space should be left blank.