

FILED JAN 5 2 1948
Registration District No. _____

Primary Registration District No. 3043

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

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4

1. PLACE OF DEATH: Marion

(a) County Marion

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

(c) Name of hospital or institution: ST ELIZABETH HOSP.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 DA.
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MONROE

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

(d) Street No. 8 MI. S. OF PARIS
(If rural, give location)

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

3. (a) PRINT FULL NAME GUY ANDERSON SHRADER

(b) If veteran, name war ✓

(c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 9
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from OCT 2
1944 to OCT 9 1944
that I last saw him alive on OCT 9 1944
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife BETTIE F. SHRADER 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased DEC. 4TH 1884
(Month) (Day) (Year)

Immediate cause of death Ch. myocarditis

Duration _____

8. AGE: Years 59 Months 10 Days 5
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions Ca of Gall Bladder stone
(Include pregnancy within 3 months of death)

9. Birthplace MONROE CO. MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

Major findings: Of operations 55 ✓

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name JOHN O. SHRADER

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

14. Maiden name EMMA CARTER

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

16. (a) Informant Mrs. Guy Shrader

(b) Address PARIS, MO.

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

(c) Place: burial or cremation HOLLIDAY, MO.

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)

(2) Means of injury _____

18. (a) Signature of funeral director Speed Atchley

(b) Address PARIS, MO.

19. (a) 10-31-44 (b) R. Th. Connor
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____

Address HANNIBAL, MO. Date signed 10-9-44

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.....

W. Slekey

Licensed Embalmer No. 2616

P. O. Address. PARIS, 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.