. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16477

FILED MAY 16 1945

Registration District No. ____ Primary Registration District No. 5150 Registrar's No. 31

1. PLACE OF DEATH:

(a) County: Caldwell

(b) City or town: Rural Hamilton (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 years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Caldwell

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

(d) Street No. 3 mi South East of Hamilton (If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME: Jessie Mabel Radabaugh

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: James E. Radabough

6. (c) Age of husband or wife if alive: 59 years

7. Birth date of deceased: Oct (Month) 9 (Day) 1895 (Year)

8. AGE: Years 49 Months 5 Days 27 If less than one day ____ hr. ____ min.

9. Birthplace: Richardson Co. (City, town, or county) Nebr. (State or foreign country)

10. Usual occupation: House wife

11. Industry or business ____

FATHER
12. Name: Charles E. Thompson
13. Birthplace: (City, town, or county) Nebr. (State or foreign country)

MOTHER
14. Maiden name: Julia Ann Toomy
15. Birthplace: (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: James E. Radabough
(b) Address: Hamilton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-8-45 (Month) (Day) (Year)
(c) Place: burial or cremation ____

18. (a) Signature of funeral director: Brum Funeral Home
(b) Address: Hamilton Mo.

19. (a) April 8-1945 (Date received local registrar) (b) Corrium Lewis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 6 year 1945 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1944, to April 5, 1945; that I last saw h. alive on April 5, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of biliary tract — Duration: 2 years (?)

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? (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature: Henry K. Elder (M. D. or other) D.O.
Address: Hamilton Mo. Date signed: April 6, 1945

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(Licensed Embalmer's Statement on Reverse Side)

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 Me

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

working under my personal supervision.

Signed Morris A. Brown

Licensed Embalmer No. 3918

P. O. Address Hamilton Mo.

RECEIVED
District Health Officer No. 14
District File Number
Date Filed

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.