. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

FILED OCT 8 1945

State File No. 30068

Registration District No. 321

Primary Registration District No. 5112 9043

Registrar's No. 52

1. PLACE OF DEATH:
(a) County BOLLINGER
(b) City or town MARBLE HILL
(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 LIFETIME

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County BOLLINGER
(c) City or town MARBLE HILL
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALFRED PINKNEY CRADER
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex M. 0
5. Color or race W.
6. (a) Single, widowed, married, divorced (W) iDOWED
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased July 30 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 4 If less than one day ... hr. ... min.

9. Birthplace CAPE GIARDEAU Co. Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation FARMER
11. Industry or business SAMUEL G. CRADER
MOTHER FATHER
12. Name Colo SON P. CRADER
13. Birthplace CAPE GIRARDEAU Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN Mary VANSBLAND
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)
16. (a) Informant LEROY CRADER
(b) Address 2226 BOND E. St. Louis, ILL
17. (a) Burial (b) Date thereof 9-5-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation HAHN. Chapel CEM
18. (c) Signature of funeral director BAKER FUNERAL HOME
(b) Address LUTESVILLE, MO
19. (a) Sept. 10-45 (b) Mrlee Dan Dunbaugh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3 RD
year 1945 hour 11:00 A. minute 40 M.
21. I hereby certify that I attended the deceased from aug 20, 1945, to Sept 3, 1945,
that I last saw him alive on Sept 2, 1945,
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	12h
Due to: arterial sclerosis	10yr
Due to:	
Other conditions: Lobar Pneumonia (Include pregnancy within 3 months of death)	1 week

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 T. E. Ruff (M. D. or other) MD
Address Jackson MO Date signed 9/9/45

1T38 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1045-1139

Date Filed 10-6-45

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.