

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

42660

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 8 1946
Registration District No. 346

Primary Registration District No. 6163

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Stone
(b) City or town rural Cass
(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 60 yrs
(Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME Rose Francis Bader

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William Bader 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased July, 7, 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) Mo. (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Wallace Price
13. Birthplace N.C. (City, town, or county) (State or foreign country)
14. Maiden name Martha Price
15. Birthplace N.C. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature William Rader

(b) Address Clever, R 1

17. (a) burial (b) Date thereof Feb. 18, 44
(Burial, cremation, or removal) (Month) (Day) (Year)
Jamesville, Mo.

(c) Place: burial or cremation

18. (a) Signature of funeral director T.W. Maples

(b) Address Clever, Mo.

19. (a) 11-10-1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stone 104
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. Clever, R#1
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17th
year 1944 hour 1 minute _____ A. M.

21. I hereby certify that I attended the deceased from _____, 1944 to Feb. 17, 1944
that I last saw h. cf alive on February 16
and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____

Pulmonary tuberculosis
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 [Signature] (M. D. or other) _____
Address Clever, Mo. Date signed 2-19-44

RECEIVED

District Health Officer No. 6,

District File Number 1245-1130

Date Filed 12-27-45

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. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever, 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, above space should be left blank.