

**FILED FEB 20 1947**

Registration District No. **32**

Primary Registration District No. **4043**

Registrar's No. **10**

**1. PLACE OF DEATH:**

(a) County **MISSOURI** **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: **1**  
(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)

3. (a) PRINT FULL NAME **ELLEN-MAE CRADEB**

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex **♀** 5. Color or race **W**  
6. (b) Name of husband or wife **SOL M D P. CRADEB**  
7. Birth date of deceased **MAR 10 1869**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**77 11 2** hr. min.

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

10. Usual occupation **HOUSE WIFE**

11. Industry or business

12. Name **SOL M D P. SHANIES**

13. Birthplace **BOLLINGER MISSOURI**  
(City, town, or county) (State or foreign country)

14. Maiden name **DOUG STEVENS**

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

16. (a) Informant **CHARLES-E-CRADEB**

(b) Address **MARBLE HILL**

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

(c) Place: burial or cremation **CRADEB**

18. (a) Signature of funeral director **John E. 7. Cendes**

(b) Address **Butterfield**

19. (a) **FEB. 14, 1947** (b) **William V. Van Amburg**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **MISSOURI** (b) County **BOLLINGER**  
(c) City or town **MARBLE HILL**  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Feb.** day **12**  
year **1947** hour **3** minute **15** P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw her alive on **2/12/47**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**  
Due to **Cerebral hemorrhage**  
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?

While at work? (Specify type of place) (e) Means of injury **2**

23. Signature **John E. 7. Cendes** (M. D. or other)

Address **Butterfield Mo.** Date signed **FEB 14, 1947**

RECEIVED

District Health Officer No. 4  
District File Number 242-324  
Date Filed 2-12-42

10/21/42

10/21/42

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. maich  
Registrar's No. 18

Registration District No. 32 Primary Registration District No. 4043

1. PLACE OF DEATH:

(a) County Bollinger  
(b) City or town Maribel 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)  
In this community years, months or days

3. (a) PRINT FULL NAME

Ellen Mae Crader

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F  
5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March 10  
(Month) (Day) (Year)

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

9. Birthplace Bollinger Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar)

(b) Willie N. Vanamburg  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County  
(c) City or town (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute M.

21. I hereby certify that I attended the deceased from to 19; that I last saw him alive on and that death occurred on the date and hour stated above. Immediate cause of death

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?

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

Signature (M. D. or other) Address Date signed

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

5-3906