

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3907

FILED FEB 25 1947

State File No. _____

Registration District No. 32

Primary Registration District No. 5712

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Lutesville, Mo., *Lorane*
(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)
In this community His Life years, months or days

3. (a) PRINT FULL NAME Jacob Jessie Crader.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Opal Crader 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased Nov. 27 1889
(Month) (Day) (Year)

8. AGE: Years 57 Months 3 Days 17 If less than one day hr. min.

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

10. Usual occupation Timber worker

11. Industry or business

12. Name William Crader
13. Birthplace Bollinger Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Crites
15. Birthplace Bollinger Co, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Otto Johnson
(b) Address Lutesville, Mo.

17. (a) Burial (b) Date thereof Feb. 18, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glenallen, Mo.

18. (a) Signature of funeral director Daker Funeral Home
(b) Address Lutesville, Mo.

19. (a) 2-20-47 (b) Willie VanCumbergo
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14th
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on 2/14/47, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis
Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 9417

Major findings: Of operations _____

Of autopsy _____

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 H. Hagan (M.D. or other) PT
Address St. Louis, Mo. Date signed 2/17/47

RECEIVED

District Health Officer No. 4

District File Number 247-289

Date Filed 2-25-47

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.