S. No. 2
I—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 1 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30750

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 214

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 21 days years, months or days)

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

3. (a) PRINT FULL NAME Linda Hader
3. (b) If veteran, name war No
3. (c) Social Security No. no.
4. Female
5. Color or White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Hader
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased March (Month) 23 (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	6	0	..... hr. ..... min.

9. Birthplace Miller, Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Housewife
FATHER
12. Name F. Edward Carney
13. Birthplace (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Sarah J. Ritchford
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant William Hader
(b) Address Eldon, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-26-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Eldon Cemetery
18. (a) Signature of funeral director Louis D. Phillips
(b) Address Eldon Mo.
19. (a) 9-23-47 (Date received local registrar) (b) R. P. Derris MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23 year 1947 hour 7 minute 9 M.
21. I hereby certify that I attended the deceased from September 1 1947 to Sept 23 1947 that I last saw her alive on Sept 22 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerotic heart

Due to Disease

Other conditions Secondary anemia (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 J. A. Ossman (M. D. or other) MD
Address Jefferson City Mo. Date signed 9-23-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 9-30-47

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 Louis D. Phillips, Registered Apprentice No. ....., working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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.