No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 25 1951

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40664A

Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

1. PLACE OF DEATH:

(a) County Stone

(b) City or town Rural
(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 All his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone

(c) City or town Rural
(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 .....

3. (a) PRINT FULL NAME Virgil K. Rider

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Irene Rider

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

7. Birth date of deceased June 9, 1894
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	4	22	..... hr. ..... min.

9. Birthplace Stone County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER

12. Name Enock Rider

13. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

MOTHER

14. Maiden name Margaret Hendrickson

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

16. (a) Informant Mrs. Irene Rider

(b) Address Viola, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 5, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation McCullough Cemetery

18. (a) Signature of funeral director Culvers Funeral Home

(b) Address Cassville, Missouri

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1
year 1947 hour 2 minute 45 PM.

21. I hereby certify that I attended the deceased from Apr. 7, 1938, to Nov. 1, 1947; that I last saw him alive on Nov. 1, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lympho-Sarcoma	6 mo.
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 E. E. McDaniel (M.D. or other) A.B. Deo.

Address Cassville, Mo. Date signed 11/4/47

(Licensed Embalmer's Statement on Reverse Side)

APR 25 1951

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 Paul D. Herbert, Registered Apprentice No. 54 working under my personal supervision.

Signed Margaret Culver

Licensed Embalmer No. 4389

P. O. Address Cassville, 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.