

S. No. 2
M-5-43
5-17-39
P I X38671

FILED JAN 7 1948

Registration District No. 171

Primary Registration District No. 5639

Registrar's No. 8

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

1. PLACE OF DEATH:
 (a) County Lafayette
 (b) City or town Rural - Washington Twms.
 (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 Life (Specify whether)
 years, months or days _____

3. (a) PRINT FULL NAME Clarence F. Hader
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 28 1889
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 11 28 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Fredrick Hader
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hurr
 15. Birthplace Pennsylvania
 (City, town, or county) (State or foreign country)

16. (a) Informant Carl White
 (b) Address Mayview, Mo.

17. (a) Burial (b) Date thereof July 29, 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odessa, Mo. Cemetery
Husman-Sparks

18. (a) Signature of funeral director _____
 (b) Address Odessa Mo.

19. (a) July 28, 1947 (b) Leta Drummond
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lafayette
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7 Mi. SE of Odessa
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
 year 1947 hour 8:40 minute _____ P.M.

I hereby certify that I attended the deceased from June 8, 1947 to July 17, 1947
 that I last saw him alive on July 17, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death
myocarditis
Endocarditis
Infected teeth

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

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 _____
 Where did injury occur? _____ (City or town) (County) (State)
 (c) Did injury occur in or about home, on farm, in industrial place, in public place?
 _____ (Specify type of place)

While at work? _____ (c) Means of injury _____

23. Signature F. E. Robert (M. D. _____)
 Address Odessa Mo. Date signed 7/24/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-5-48

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 William T. Sparks

Licensed Embalmer No. # 4431

P. O. Address Odessa, 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.