S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42418

State File No.

Registration District No. 227 Primary Registration District No. 4339 Registrar's No. 63

1. PLACE OF DEATH:

(a) County MONROE
(b) City or town PARIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: W. LOCUST ST. 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 3 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE 69
(c) City or town PARIS 2
(If outside city or town limits, write "RURAL")
(d) Street No. W. LOCUST ST. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country ✓

3. (a) PRINT FULL NAME CARTER OLDHAM SHRADER

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

4. Sex MALE 0 5. Color or race WHITE 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 AUG (Month) 8, (Day) 1882 (Year)

8. AGE: Years 64 Months 3 Days 26 If less than one day hr. min.

9. Birthplace MONROE CO., (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name JOHN O. SHRADER
13. Birthplace (City, town, or county) KY. 1 (State or foreign country)

MOTHER
14. Maiden name ELIZA EMMA CARTER
15. Birthplace MONROE CO., (City, town, or county) MO. 0 (State or foreign country)

16. (a) Informant MRS EMMETT WILSON
(b) Address PARIS, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 5, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation MT ZION CEM

18. (a) Signature of funeral director Speed & Blakey
(b) Address PARIS, MO.

19. (a) 12-4-47 (Date received local registrar) (b) Elbert Baker M.D. (Registrar's signature) 2 a 5

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 4
year 1947 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Oct 1, 1947 to Dec 4, 1947
that I last saw him alive on Dec 4, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	3 months
Due to Astro-Sclerosis	N.K.
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 0

23. Signature [signature] (M. D. or other)
Address PARIS, MO. Date signed 12-4-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 42-47-1787
Date Filed DEC 22 1947

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.....E. H. Agnew.....

Licensed Embalmer No. 4000

P. O. Address.....Paris, 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.