

U. S. No. 300
OM-10-47
Rev. 5-17-39
I 3906

FILED FEB 2 1948
Registration District No. 146

Primary Registration District No. 3026

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Indep.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1141 So. Main
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 30 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 4/1

(c) City or town Indep. 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1141 So. Main 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country _____

3: (a) PRINT FULL NAME Robert Burns Strader

3. (b) If veteran, name war No

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24
year 1947 hour 5 minute a. M.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Eva

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased July 29 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 23, 1947 to Sept. 24, 1947;
that I last saw him alive on Sept. 24, 1947;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>1</u>	<u>25</u>	hr. _____ min.

Immediate cause of death Cerebral Hemorrhage 10 hours Duration

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

Due to Hypertension, Malignant Yes

Due to Arteria Scleroses Yes

10. Usual occupation Attorney

11. Industry or business Law

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

MOTHER FATHER

12. Name Henry Strader

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

14. Maiden name Lyda Burns

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN W. H. H. [Signature]
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. R. B. Strader

(b) Address 1141 So. Main, Independence, Mo.

17. (a) Burial (b) Date thereof 9-26-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem

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? _____

18. (a) Signature of funeral director [Signature]

(b) Address 310 N. Main, Indep. Mo.

19. (a) 9-26-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature W. H. H. [Signature] (M. D. or other) MD
Address Indep. Mo. Date signed 9-25-47

FEB 3 1948

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 Henry G. Mitchell
Licensed Embalmer No. 3925
P. O. Address Indep. 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.