No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 24 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

160

State File No. .....

Registration District No. 38 ..... Primary Registration District No. 5120 ..... Registrar's No. 9

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Columbia 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Lucinda Fortney Rader
3. (b) If veteran, name war x
3. (c) Social Security No. x

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Wm E Rader
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased Aug (Month) 19 (Day) 1865 (Year)

8. AGE: Years 82 Months 4 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Boone Co (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation House keeper
11. Industry or business
FATHER
12. Name Wary A. Fortney
13. Birthplace Virginia (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Roxann Berry
15. Birthplace Boone Co (City, town, or county) Mo (State or foreign country) 0
16. (a) Informant Mrs Clay Schwabie
(b) Address Columbia Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cem
18. (a) Signature of funeral director R. Ouriette
(b) Address Columbia Mo
19. (a) 1-12-48 (Date received local registrar) (b) Mrs. R E Palmer (Registrar's signature) 31

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7th
year 1948 hour 2:45 minute P. M.
21. I hereby certify that I attended the deceased from ~~Jan~~ Jan 6 1948 ....., 19....., to Jan 7, 1948
that I last saw her alive on Jan 7, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho pneumonia.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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PHYSICIAN
Underline the cause of 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 Robert H. Simpson MD (M. D. or other)
Address Columbia, Mo. Date signed 1/9/48.

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1/22/48

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 Lyman H. Stevenkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.