

National Office of Vital Statistics
FILED AUG 12 1948
Registration District No. _____

Primary Registration District No. 4173

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Ava
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34

(c) City or town Ava
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Levi Krider

3. (b) If veteran, name war. No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Frances Mackey Krider

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased April 13, 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>1</u>	<u>20</u>	_____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Leonard Krider

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

14. Maiden name Nancy Jane Turner

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

16. (a) Informant Burl Krider

(b) Address Ava, Missouri

17. (a) Burial (b) Date thereof 6-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Otter Creek

18. (a) Signature of funeral director Clinkingbeard Funeral

(b) Address Ava, Missouri

19. (a) July 16-48 (b) Ustatal Bualman
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1948 hour 1 minute 53 P. M.

21. I hereby certify that I attended the deceased from June 2 to June 3, 1948
that I last saw him alive on June 3, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis 20'

Due to Chronic Myocarditis 3 yrs

Due to Chronic Arteriosclerosis 12 yrs

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

PHYSICIAN _____

Underline the cause of which death should be charged statistically.

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 _____

(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)

Home while at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature M. C. Denton (M. D. or other) _____
Address Ava, Mo Date signed 6-6-48

WRITE PLAINLY - USING UNFADING INK - MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6

District File Number 848-872

Date Filed AUG 11 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 W. B. Sutherland

Licensed Embalmer No. 3431

P. O. Address Wm Md

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.