S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 17 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26801

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

49
2
5

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Hrs (Specify whether
In this community 42 Yras
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5
(d) Street No. 3116 Pearl 0
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward William Schrader

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed 1

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 11 (Day) 1874 (Year)

8. AGE: Years 74 Months 4 Days 2 If less than one day hr. min.

9. Birthplace Creston (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation Baker

11. Industry or business

FATHER
12. Name Jacob Schrader
13. Birthplace Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Lucetta Bowman
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Leo R. Schrader
(b) Address 702 Chestnut, Joplin, Mo:

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 16 (Day) 48 (Year)
(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director Parker Hunsaker
(b) Address Joplin, Mo:

19. (a) 8-14-48 (Date received local registrar) (b) Delores Lamphins DR. (Registrar's signature) 120

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13
year 1948 hour 7:30 minute A M.

21. I hereby certify that I attended the deceased from 12-31, 1945, to 3-1-, 1948
that I last saw him alive on 3-1-, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Lod ~~sessions~~ Seniors injury Dec. 45

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 9 40

Of autopsy

Duration

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

23. Signature Ed D James (M. D. ~~or other~~)
Address Joplin Mo Date signed 8-14-48

(Licensed Embalmer's Statement on Reverse Side)

48-7-699

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.