S. No. 2
M—5-43
7. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 27 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30525

Registration District No. 250 | Primary Registration District No. 4373 | Registrar's No. 13

1. PLACE OF DEATH:
(a) County: Nodaway
(b) City or town: Barnard
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: family home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 81 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Nodaway
(c) City or town: Barnard
(If outside city or town limits, write "RURAL")
(d) Street No.: none
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: ____

3. (a) PRINT FULL NAME: JAMES ROBERT STRADER
3. (b) If veteran, name war: none
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: Jennie Albright Strader
6. (c) Age of husband or wife if alive: 75 years
7. Birth date of deceased: Dec. (Month) 16 (Day) 1866 (Year)

8. AGE: Years 81 | Months 8 | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace: Burlington Jct. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: ____
11. Industry or business: ____

MOTHER FATHER
12. Name: William Strader
13. Birthplace: Guilford Co. (City, town, or county) No. Carolina (State or foreign country)
14. Maiden name: Eldamife Vizonarphebe Swinford
15. Birthplace: Jessamine Co. (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant: Mrs. Jennie Strader
(b) Address: Barnard, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 9/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Barnard Masonic Cemetery
18. (a) Signature of funeral director: Price Funeral Home
(b) Address: Maryville, Missouri
19. (a) 9-14-48 (Date received local registrar) (b) Mrs Elza Renshaw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7 year 1948 hour 9 minute 40 P.M.
21. I hereby certify that I attended the deceased from 8 April, 1948, to 7 Sept, 1948, that I last saw h. alive on 7 Sept 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic heart disease — Duration
Due to: ____
Due to: ____
Other conditions (Include pregnancy within 3 months of death): G3 N
Major findings: Of operations: not made
Of autopsy: not had

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: Chas. D. Humbard M.D. (M. D.)
Address: Barnard, Mo Date signed 9/10/48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

AUG 6 1958

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 Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville, 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.