

FILED AUG 30 1950

STANDARD CERTIFICATE OF DEATH

State, File No.

27247

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>		Registrar's No. <u>150</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Carthage</u>		c. LENGTH OF STAY (in this place) <u>85 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>		0443	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>133 S. Main St.</u>				d. STREET ADDRESS (If rural, give location) <u>133 So. Main St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MAY</u>		b. (Middle) <u>F.</u>		c. (Last) <u>BRADER</u>	
4. DATE OF DEATH		(Month) <u>August</u>		(Day) <u>18,</u>		(Year) <u>1950</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>August 3, 1860</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 24 HRS. Days <u>15</u>	Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. insurance agent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>insurance</u>		11. BIRTHPLACE (State or foreign country) <u>Crown Point, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Capt A. Foster</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Bloomfield</u>		14. NAME OF HUSBAND OR WIFE <u>Howard Brader</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sally Boon, 226 W.4th, Carthage, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis, Chronic interstitial</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
		ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>				4222	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 7, 1937</u> , to <u>Aug 18, 1950</u> , that I last saw the deceased alive on <u>July 8, 1950</u> , and that death occurred at <u>9 a m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>George A. Wood M.D.</u> (Degree or title)				23b. ADDRESS <u>Carthage Mo</u>		23c. DATE SIGNED <u>8/19/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8-20-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carthage, Mo.</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <u>L B Clinton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary,</u>		ADDRESS <u>Carthage, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-28-50
Jasper County Health Office

County File Number 50-8-621
Date Filed 8-29-50

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.