

FILED DEC 17 1943

Registration District No. **297**

Primary Registration District No. **6022**

Registrar's No. **71**

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

1. PLACE OF DEATH

(a) County **Ray Co**
(b) City or town **Richmond Twp R.R. No 4**
(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 **All his life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Charles Rader**

3. (b) If veteran, name war **X** 3. (c) Social Security No. **A**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**

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

7. Birth date of deceased **July-17-1872**
(Month) (Day) (Year)

8. AGE: Years **71** Months **4** Days **18** If less than one day _____ hr. _____ min.

9. Birthplace **Richmond R.R. No 4**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **John H Rader**
13. Birthplace **Virginia**
(City, town, or county) (State or foreign country)
14. Maiden name **Rhoda Jane Stratton**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Ida Rader**

(b) Address **Richmond Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12 7-1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Burial WAKENDAH**

18. (a) Signature of funeral director **John W. Kneipschild**

(b) Address **Hardin Mo**

19. (a) **Dec 6 43** (Date received local registrar) (b) **Mrs. Shun W. Shipp** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ray** 89
(c) City or town **Rural** (If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **5th**
year **1943** hour **4:00** minute **20 P.M.**

21. I hereby certify that I attended the deceased from **Dec-1,** 1943, to **Dec. 3,** 1943;
that I last saw him alive on **Dec. 3,** 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death **Curhasis of liver** Duration _____
Due to **Chronic endocarditis**
Due to _____

Other conditions (Include pregnancy within 3 months of death) **1246**
Major findings: Of operations _____
Of autopsy _____

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?
While at work? _____ (Specify type of place) (e) Means of injury _____
Signature **Dr. W. H. Staimes** (M. D. or other) **D.C.**
Address **218 E. Main, Richmond, Mo.** Date signed **12/4/43**

RECEIVED

District Health Officer No. 8,

File Number ~~72~~

Filed 12-14-43

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed John W. Knipschild
Licensed Embalmer No. 2789
P. O. Address Hardin 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.