

FILED AUG 20 1946 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

28113
Do not use this space.

1. PLACE OF DEATH
 (a) County Ray Registration District No. 298
 (b) Township Path Primary Registration District No. 6024 Registered No. 14
 (c) City Lansons mo (d) Street No. 1 St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 6 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ada Mary Nading
 (a) Residence, No. Lansons mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Eugene M. Nading
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 1879
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 4 17
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton Kansas
 FATHER 13. NAME William Friedrich
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 MOTHER 15. MAIDEN NAME Florence Bass
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Eugene Nading
 18. BURIAL, CREMATION, OR REMOVAL PLACE Lansons mo. DATE 7-11 1946
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jusmanow
 20. FILED July 10 1946 Mrs. Raymond Grove Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9 1946
 22. I HEREBY CERTIFY, That I attended deceased from July 1 1946, to July 9 1946
 I last saw her alive on July 9 1946 Death is said to have occurred on the date stated above, at 1 P. m.
 The principal cause of death and related causes of importance were as follows:
Right Hemiplegia
Essential Hypertension
Chronic Myocarditis
& auricular fibrillation
 Date of onset July 1

Other contributory causes of importance:
93d

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____
 (Signed) Clotus Buchner M. D.
 (Address) Lansons Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 18 1947

8-17-46

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.....

James A. Moles.

Licensed Embalmer No. *3996*

P. O. Address *Ex Ex Spring*

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, above space should be left blank.