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.

REC'D AUG 19 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27145
Do not use this space.

1. PLACE OF DEATH WASHINGTON 2
(a) County ~~Crawford~~ 1 Registration District No. 1103
(b) Township Johnson 1 Primary Registration District No. 6186 Registered No. 2
(c) City ..... (d) Street No. ..... 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 55 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 362 NORMAN A. STRAUSER
(a) Residence, No. Washington, Co., Mo. St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE~~ OF Emma Strauser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1872

7. AGE: YEARS 66 | MONTHS 9 | DAYS 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schmokin Pa. 1

FATHER
13. NAME Josiah Strauser 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania 1

MOTHER
15. MAIDEN NAME Maria Swoyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT (ADDRESS) Elmer Strauser St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Reedville, DATE April 22, 1939

19. FUNERAL DIRECTOR (ADDRESS) Thos. P. Shaffer Sullivan, Mo.

20. FILED 7-20, 19 T O Harrison 8/12
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-15-, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-8-, 1939, to 4-15-, 1939
I last saw him alive on 4-12, 1939. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	4/15/39
2	

Other contributory causes of importance:

Chro. hypertension	6 yr
" nephritis	1 yr

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) C A Proctor, M. D.
(Address) Sullivan - Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Edgar W. Laffoon, Licensed Embalmer No. 3394

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. 3394 or by , Registered Apprentice No.

working under my personal supervision.

Signed Edgar W. Laffoon

Licensed Embalmer No. 3394

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)