

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

38948  
 Do not use this space.

1. PLACE OF DEATH *Bates* Registration District No. *47*  
 (a) County *Bates* (b) Township *East Boone* Primary Registration District No. *5081*  
 (c) City *Marion* (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Frank Stratsch*  
 (a) Residence, No. \_\_\_\_\_ 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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mary Stratsch*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 7 - 1854*

7. AGE YEARS *85* MONTHS *10* DAYS *6* 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. *Farmer*  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Stoddard County, Missouri*

FATHER 13. NAME *John Stratsch*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

MOTHER 15. MAIDEN NAME *Don't know*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

17. INFORMANT (ADDRESS) *Chas. Stratsch, Adrian mo.*

18. BURIAL PLACE (CITY OR TOWN) (STATE OR COUNTRY) *Westgate, Mo.* DATE *Nov. 17 - 1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Creath & Son, Adrian Mo.*

20. FILED *10-2* 19*39* *Ethel C. Stephens* Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 13 1939*

I HEREBY CERTIFY, That I attended deceased from *July 18 1939* to *Nov. 9 1939*  
 I last saw him alive on *Nov. 9 1939* Death is said to have occurred on the date stated above, at *3 A.m.*  
 The principal cause of death and related causes of importance were as follows:  
*Angina Pectoris*

Date of onset \_\_\_\_\_

Other contributory causes of importance: *94%*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) *E. E. Robinson*, M. D.  
 (Address) *Adrian, Mo.*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

RECEIVED

Dir. Health Officer No. 7,

License Number 12-39-1684

Date Filed 12-12-39

**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, and

Fred J. Greath, Lic # 3343, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Adrian

Licensed Embalmer No. 3650

P. O. Address Adrian 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, above space should be left blank.**