

Registration District No. 417 Primary Registration District No. 3021 5561P Registrar's No. 67

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town W. of Webb Federal (JOPLIN TWP.)
(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) 7
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 year years, months or days (Specify whether)

3. (a) PRINT FULL NAME CLYDE STRECKER
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Violet Strecker 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Jan 16 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 4 19 hr. min.

9. Birthplace Jasper Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation miner

11. Industry or business mines

12. Name William Strecker
13. Birthplace St. Louis County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Willie E. Palmer
15. Birthplace No data Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Bernie Johnson
(b) Address Joplin Mo.

17. (a) Bernie (b) Date thereof 6/17/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mitchell Cem Jasper Mo

18. (a) Signature of funeral director Hodge - Nelson
(b) Address W. of Webb Mo. 377

19. (a) JUNE 5. 40 (b) J. D. RITCHIE
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town W. of Webb Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 902 N Walker St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 5
year 1940 hour Approximately 10:00 M.
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him alive on June 5 and that death occurred on the date and hour stated above.

Immediate cause of death Crush of Chest and shock

Due to mine cave-in

Due to _____

Other conditions (Include pregnancy within 3 months of death) 201

Major findings: Of operations _____

Of autopsy Investigation

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence June 5-1940

(c) Where did injury occur? 1/2 mi. N. of Nabb City Joplin Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at mine (Specify type of place)
While at work? Yes (e) Means of injury Cave-in

23. Signature A. K. Winchester (M. D. or other) M.D.
Address Joplin Mo. Date signed 6-5-40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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.....

working under my personal supervision.

E. W. Hedge
....., Registered Apprentice No.....

Signed.....

Licensed Embalmer No. *3859*

P. O. Address *Webb City 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.