

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36615**

Registration District No. **875**

Primary Registration District No. **3039**

Registrar's No. **275**

1. PLACE OF DEATH:

(a) County **Vernon**
(b) City or town **Nevada**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home - 427 So. Spring Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2**
(Specify whether years, months or days)
In this community **10 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Vernon**
(c) City or town **Nevada**
(If outside city or town limits, write "RURAL")
(d) Street No. **427 So. Spring Street**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **10** years.

8. (a) PRINT FULL NAME **Iva Baker Strucker**

8. (b) If veteran, name war **World War I** 3. (c) Social Security No. **No**

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Albert C. Strucker** 6. (c) Age of husband or wife if alive **43** years

7. Birth date of deceased **Nov. 17 - 1896**
(Month) (Day) (Year)

8. AGE: Years **43** Months **11** Days **9** If less than one day hr. min.

9. Birthplace **Leida Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home Keeper**

12. Name **Bert Baker**

13. Birthplace **Iowa**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Williams**

15. Birthplace **Cass County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **D. C. Strucker**

(b) Address **Nevada Mo.**

17. (a) **Burial** (b) Date thereof **Oct 28 '40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Newton Burial Park**

18. (a) Signature of funeral director **Allen V. Hayes**

(b) Address **Nevada Mo.**

19. (a) **10-27-40** (b) **Allen V. Hayes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **26**
year **40** hour **6:35** minute **a.** M.

21. I hereby certify that I attended the deceased from **6-12**, 19**40**, to **10-26**, 19**40**;
that I last saw **her** alive on **10-26**, 19**40**;
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to **Carcinoma of Cervix with severe thromboses and general debility.**

Other conditions (Include pregnancy within 3 months of death) **48**

Major findings: Of operations

Of autopsy

Duration

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

23. Signature **Arthur J. Ford** (M. D. or other)

Address **Rogers Bldg. Nevada Mo.** Date signed **10-28-40**

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

RECEIVED

District Health Officer No. 7.

District File Number 11-40-102/1

Date Filed 11-4-40

[Handwritten notes and scribbles]

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.....

Licensed Embalmer No.....

P. O. Address.....

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.