

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **42094**

Registration District No. **138**

Primary Registration District No. **5798**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Carroll**  
(b) City or town **Rural, Prairie, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Country Home Rural.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **No.**  
(Specify whether years, months or days)  
In this community **Fifty Years.** (Specify whether years, months or days) **2**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Carroll**  
(c) City or town **Norborne, Mo. Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5 mi. N. W. Norborne, Mo.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. **American** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** - day **30**  
year **1940** hour **11** minute **1** A. M.

21. I hereby certify that I attended the deceased from **12-20-40**  
19 **12-30-** 19 **40**  
that I last saw him alive on **12-30-40** 19 **1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death **apoplexy**

Due to **unknown**  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration **10 days**  
PHYSICIAN  
Underlies the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Charles Edward Stratton.**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

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

6. (b) Name of husband or wife **Sallie. Stratton** 6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **Oct 22 1863**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**77 2 7** hr. min.

9. Birthplace **Salem Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer.**

11. Industry or business \_\_\_\_\_

12. Name **Shelby Stratton.**

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

14. Maiden name **Sarah Wheeler Stratton.**

15. Birthplace **Kentucky.**  
(City, town, or county) (State or foreign country)

16. (a) Informant: **Sallie Stratton**

(b) Address **Norborne, Mo. RR. 2**

17. (a) **Burial** (b) Date thereof **I. I. 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Providence.**

18. (a) Signature of funeral director **John A. Dutch**

(b) Address **Norborne, Mo**

19. (a) **Dec. 31-40** (b) **B. C. Cole**  
(Date received local registrar) (Registrar's signature)

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?  
**133** (Specify type of place) While at work? (e) Means of injury

23. Signature **B. C. Cole** (M. D. or other) \_\_\_\_\_  
Address **Norborne, Mo** Date signed **1-3-41**

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 \_\_\_\_\_

*John G Deitch*

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*John G Deitch*

Licensed Embalmer No. *3654*

P. O. Address *Norborne 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.**