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17-39
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1562
Registrar's No. 46

Registration District No. 1 Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Brashear, R. Sadr. Dist.
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 70 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Adair
(c) City or town Brashear (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME WILLIAM L. STROCK
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex M. 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Clara Sedgwick
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 9 1957
(Month) (Day) (Year)

8. AGE: Years 83 Months 0 Days 17
If less than one day hr. min.

9. Birthplace Holmes Co. 1 Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Myron F. Strock

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

14. Maiden name Ann Kelley

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

16. (a) Informant Ann Strock
(b) Address Brashear, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3 1941
(Month) (Day) (Year)
(c) Place: burial or cremation Brashear Cemetery

18. (a) Signature of funeral director Forbes P. Enaley
(b) Address Brashear, Mo.

19. (a) Feb. 11-1941 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 1 year 1941 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from Dec 4 1940 to Jan 1 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease
Duration yr

Due to Had Rheumatism a great deal last few years

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____ Of autopsy _____
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? 3

(Specify type of place) (e) Means of injury _____
23. Signature H. M. Humphrey (M. D. or other) D
Address Brashear, Mo. Date signed 1/24/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 2-41-377

Date Filed FEB 19 1941

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 Foster R. Easley,

Licensed Embalmer No. 1146.

P. O. Address Trachan. 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, fact should be so stated above.