

MAR 10 1941

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

7463
Do not use this space.

1. PLACE OF DEATH

(a) County Lincoln Registration District No. 495
 (b) Township Waverly Primary Registration District No. 3659 Registered No. 1
 (c) City _____ (d) Street No. 1 St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? 57 yrs. mos. ds.

2. PRINT FULL NAME Emma Strather

(a) Residence, No. Lincoln Co. no St. Rural
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Strather

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 1 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, book keeper, etc. House wife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) Pike Co Missouri

FATHER 13. NAME William A Worthington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Jane Boston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Oakley Worthington
Cyrene, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem DATE 2-25 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Grace Bankhead
Bowling Green, Mo

20. FILED Feb 24 1941 Mabry Motley
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23 1941, to Feb. 23 1941.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
 Date of onset _____
 Other contributory causes of importance: 94

Name of operation None Date of _____
 What test confirmed diagnosis? None Was there an autopsy? No

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.
M. B. Hiddle
 Manner of injury Car
 Nature of injury Lincoln County

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Donald S. Hazzard, M. D.
 (Address) Colia, 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.

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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 Grace Bankhead

Licensed Embalmer No. 2204

P. O. Address Bowling Green

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.