

Registration District No. _____

Primary Registration District No. 1

Registrar's No. 229

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: O Langhain Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 min
In this community Less than 1 day (Specify whether years, months or days)

3. (a) PRINT FULL NAME MERLE SESIL STRAIT

3. (b) If veteran, name war no 3. (c) Social Security No. 465-87-93

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Eva Strait 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased may 21 - 1908 (Month) (Day) (Year)

8. AGE: Years 33 Months 2 Days 13 If less than one day hr. min.

9. Birthplace (Near) Douds, Van Buren Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Garage Owner & mechanic

11. Industry or business _____

12. Name Victor G. Strait

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

14. Maiden name Carrie Belle Parsons

15. Birthplace (Near) Libertyville Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Victor G. Strait

(b) Address Lawrence St Kirksville

17. (a) Burial (b) Date thereof Aug 7, 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Milton Ia

18. (a) Signature of funeral director H. A. Burnett

(b) Address Milton Ia

19. (a) Aug 7, 1941 (b) Spencer Freeman (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Van Buren
(c) City or town Milton (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4 year 1941 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug 4 9 a.m. 1941, to Aug 4 1941; that I last saw him alive on Aug 4 1941; and that death occurred on the date and hour stated above.

Immediate cause of death _____
Asphyxiation
Due to lung caught in harness bullet 11 hrs

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

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 1941
(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 Ed Langhain (M. D. or other) 750
Address 111 Kirksville Mo Date signed 8/14/41

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

MOTHER FATHER

RECEIVED

District Health Office No. 10

District File Number 8-41-1562

Date Filed AUG 21 1941

100
25

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.....

H. A. Burnett L.E., Registered Apprentice No.
working under my personal supervision.

Signed H. A. Burnett

Licensed Embalmer No. 2668

P. O. Address Milton, Ga.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27630
Registrar's No. 229

Registration District No. 1 Primary Registration District No. 1

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lanphelin Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 min (Specify whether
In this community less than 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Van Buren
(c) City or town Multon
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Merle Cecil Straight

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day _____ Year 1941 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him/her alive on _____ 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to Suffocation

Due to Being caught in burning building

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

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) Accident

(b) Date of occurrence Aug 4-1941

(c) Where did injury occur? Milton Iowa (City or town) (County) (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? Phanta Alley

While at work? Yes (Specify type of place) (e) Means of injury smoke + gas
As member of Fire Co

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

