

FILED OCT 27 1941

Registration District No. **630**

Primary Registration District No. **4380**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Nodaway**
(b) City or town **Skidmore, Mo.**
(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 **24 yrs.** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Nodaway**
(c) City or town **Skidmore**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **23**
year **1941** hour **11** minute **55 P.M.**
21. I hereby certify that I attended the deceased from **Sept 1, 1941**
to **Sept 23, 1941**
that I last saw him alive on **Sept 23, 1941**
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME **EDGAR ROSS STRICKLER**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None.**

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Gitamarte Reel** 6. (c) Age of husband or wife if alive **29** years
7. Birth date of deceased **Nov. 29 1860**
(Month) (Day) (Year)

8. AGE: Years **80** Months **9** Days **25** If less than one day hr. min.

9. Birthplace **Adams Co. Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer (Retired)**

11. Industry or business _____

12. Name **David Strickler**

13. Birthplace **Adams Co. Ill.**
(City, town, or county) (State or foreign country)

14. Maiden name **Susan Ross**

15. Birthplace **Westmoreland Co. Pa.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Bess Strickler Cottrell**

(b) Address **Skidmore Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Sept 25, 1941**
(Month) (Day) (Year)

(c) Place: burial or cremation **Masonic Cemetery**

18. (a) Signature of funeral director **Price Funeral Home**

(b) Address **Maryville Mo.**

19. (a) **9/25/41** (Data received local registrar) (b) **Dr. J. C. Manning** (Registrar's signature)

Immediate cause of death **Carcinoma of prostate primary Carcinoma of Esophagus**
Due to **+ lung secondary**
Due to _____
Other conditions **5/8**
(Include pregnancy within 3 months of death)

Major findings: **Carcinoma of prostate gland**
Of operations _____
Of autopsy _____

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? _____

(Specify type of place) _____ (e) Means of injury _____
23. Signature **J. C. Manning** (M. D. or other) _____
Address **Skidmore Mo.** Date signed **9/25/41**

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

4
0
0

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.....

John W. Price.

Licensed Embalmer No. *32294*

P. O. Address *Maryville 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.