

UNITED STATES BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 30 1941

Registration District No. _____

Primary Registration District No. _____

6185 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Rickwood's Mill
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 14 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County Washington
(c) City or town 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. (c) PRINT FULL NAME WILLIAM HENRY STRAUSSER

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex MO 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased. May 25 1917
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 5 12 hr. 5 min.

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

10. Usual occupation TIFF MANNER
SELF

11. Industry or business _____

12. Name JERRY STRAUSSER

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

14. Maiden name MARTHA STUARD

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

16. (a) Informant's own signature Hazel Wheeling
(b) Address 3015 1/2 Lincoln Ave. MD

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

(c) Place: burial or cremation PLEASANT HILL
18. (a) Signature of funeral director Boyd Mitchell
(b) Address Richwood's Mill

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 13
year 1941 hour Just before minute _____ M.

21. I hereby certify that I attended the deceased from 11-07, 1941, to 13th, 1941;
that I last saw him alive on 11-12, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Spontaneous
Duration _____

Due to Hardening of arteries
arteriosclerosis

Due to _____

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

Major findings: 83a
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? _____

While at work? _____ (Specify type of place)
(a) Means of injury _____

23. Signature O. W. Parker (M. D. or other)
Address Richwood's Mill Date signed 11-13

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE 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.

RECEIVED

District Health Officer No. 4
District File Number 142-10
Date Filed 1-9-42

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..... *Sherrill Hatch*

Licensed Embalmer No. 3873

P. O. Address *H. Clay, 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.