

S. No. 2  
M-2-43  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26393

State File No. \_\_\_\_\_

FILED AUG 9 1943

Primary Registration District No. 6225

Registrar's No. 109

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada Washington Twp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp. No. 3 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs. 16 days  
(Specify whether years, months or days)

In this community Rame

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 188

(c) City or town Jasper 0  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME Clara Strecker

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

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

6. (b) Name of husband or wife William A. Strecker 6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased Dec 10-1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>7</u>	<u>10</u>	hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business Own Home

12. Name Fred Tollner

13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name Julia Deem

15. Birthplace Ohio (City, town, or county) (State or foreign country) 1

16. (a) Informant Hospital Records

(b) Address Nevada mo.

17. (a) Burial (b) Date thereof 7-21-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jasper Mo.

18. (a) Signature of funeral director Chas. Teeter

(b) Address Jasper Mo.

19. (a) 7-20-43 (b) Doyle B. Beusch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th  
year 1943 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from Feb. 1  
1943, to July 20 1943  
that I last saw her alive on July 20 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Psychosis with Cerebral Arteriosclerosis. Smile  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Generalized Arteriosclerosis  
(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 \_\_\_\_\_

(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) (2) Means of injury \_\_\_\_\_

23. Signature R.B. Roster (M. D. or other) MD  
Address Nevada mo Date signed 7-20-43

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

18  
00

RECEIVED

District Health Officer No. 7,

District File Number 7-43827

Date Filed 8-7-43

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 Philo J. Tetter  
.....  
Licensed Embalmer No. 2566

P. O. Address Jasper 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.