

Registration District No. **1943 35**

Primary Registration District No. **2036**

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

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Rich Hill Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Graham Rest Home
(If not in hospital or institution, write street number or location)

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

In this community 33 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town Rich Hill
(If outside city or town limits, write "RURAL")

(d) Street No. 3rd - Olive
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Carolyn Streker

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, 2 divorced, Widow

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

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

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

About 85 _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. E. F. Erke

(b) Address Rich Hill Mo.

17. (a) Burial (b) Date thereof Oct. 20 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Pond & Reavley

(b) Address Rich Hill Mo

19. (a) Oct. 19 1943 (b) Mrs. Edna Douglas
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Oct day 19 year 1943 hour 1 minute 30 M.

21. I hereby certify that I attended the deceased from Oct 17 1943 to Oct 19 1943 that I last saw him alive on Oct 16 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Stroke Myocarditis

Due to _____
Due to _____

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings:
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?

While at work? _____
(Specify type of place)
(e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address _____ Date signed Oct 14 1943

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 10-43-1065

Date Filed 11-5-43

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed J. Hudson Reawley
Licensed Embalmer No. 2730

P. O. Address Rich Hill 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.