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

Registration District No. 366

Primary Registration District No. 4536

1. PLACE OF DEATH:

(a) County Washington

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

(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 \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Blyde A. Strayer

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

4. Sex M 5. Color or race O

6. (a) Single, widowed, married 1 divorced Married

6. (b) Name of husband or wife Rose Strayer 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Aug 4 1880  
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 23 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business Carpenter

12. Name V. E. Strayer

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

14. Maiden name Annice Seavolt

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

16. (a) Informant Helen Maxwell

(b) Address Petati Mo.

17. (a) Burial (b) Date thereof 12-29-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Petati Mo.

18. (a) Signature of funeral director C. F. Sparks

(b) Address Petati Mo.

19. (a) 12-29-1943 (b) Joseph L. Thurman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

(c) City or town Petati  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27  
year 1943 hour 6 minute 55 P.M.

21. I hereby certify that I attended the deceased from Dec. 6, 1943, to Dec. 27, 1943  
that I last saw him alive on Dec. 26, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

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

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

Other conditions (include pregnancy within 3 months of death) JBA

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 Joseph L. Thurman (M. D. or other) Petati, Mo.  
Address \_\_\_\_\_ Date signed 12-29-43

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

JAN 24 1944

RECEIVED

District Health Officer No. 4  
District File Number 144-3227  
Date Filed 1-11-44

FEB 2 1948

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 Ernest Sparks  
Licensed Embalmer No. 4287  
P. O. Address Flat River 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.