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FILED FEB 14 1944

State File No. ....

Registration District No. 13

Primary Registration District No. 4026

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Purdy  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Purdy  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 months (Specify whether years, months or days)  
In this community 4 months

3. (a) PRINT FULL NAME James Walter Strother

3. (b) If veteran, name war No  
3. (c) Social Security No. 70

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

6. (b) Name of husband or wife Martha E. Strother  
6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased May 19 1852  
(Month) (Day) (Year)

8. AGE: Years 91 Months 7 Days 17  
If less than one day hr. min.

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

10. Usual occupation Retired farmer

11. Industry or business

12. Name Samuel P. Strother

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

14. Maiden name Marrah Sooter

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

16. (a) Informant Arthur Strother

(b) Address Purdy, Mo.

17. (a) Buried (b) Date thereof Jan 9 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant

18. (a) Signature of funeral director Blanchard

(b) Address Monett & Purdy

19. (a) Jan 8 1944 (b) Audna Whittey  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barry  
(c) City or town Purdy  
(If outside city or town limits, write "RURAL")  
(d) Street No. In town  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6  
year 1944 hour 8 minute 50 A.M.

21. I hereby certify that I attended the deceased from July 3 1934 to Jan 6 1944  
that I last saw him alive on Dec Jan 3rd 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Prostatism with uremia  
Due to Senility

Due to

Other conditions (include pregnancy within 3 months of death) 137a

Major findings: Of operations 137a

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) While at work? (a) Means of injury

23. Signature J. D. Baldwin (M: D. or other)  
Address Purdy Mo Date signed 1-8-44

Duration

10 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1320

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 244-165

Date Filed 2-9-1944

**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 L. H. Blankenship

Licensed Embalmer No. 2793

P. O. Address Monett, 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.**