

S. No. 2
M-8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37909

State File No.

FILED DEC 8 1944

Registration District No. 117

Primary Registration District No. 5562

Registrar's No. 27

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

1. PLACE OF DEATH:

(a) County Iron
 (b) City or town Acadia Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: The Home for Aged Baptists
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 yr. 3 mos. 12 days
 (Specify whether years, months or days)
 In this community 1 yr. 3 mos. 12 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Iron 47
 (c) City or town Acadia Rural
 (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: 1

3. (a) PRINT FULL NAME Charles Lee Strange

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Widower
 6. (b) Name of husband or wife Anna E. Hoquest 6. (c) Age of husband or wife if alive Deceased years
 7. Birth date of deceased Feb. 4, 1864
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>9</u>	<u>10</u>hr.min.

9. Birthplace Johnson Co. Mo. 10
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER
 12. Name Jessie E. Stedice
 13. Birthplace Johnson Co. Mo. 10
 (City, town, or county) (State or foreign country)
 14. Maiden name Jessie Hulse
 15. Birthplace Do not know Kentucky
 (City, town, or county) (State or foreign country)

16. (a) Informant Geo. H. Bursney
 (b) Address Dixonton, Mo.

17. (a) Removal (b) Date thereof 11-15-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Holden Mo.

18. (a) Signature of funeral director Norman White Odom
 (b) Address Dixonton, Mo.

19. (a) 11-14-44 (b) Mr. Francis E. Howard
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14,
 year 1944 hour 4:45 minute P
 21. I hereby certify that I attended the deceased from Nov. 12
 1944 to Nov. 14 1944
 that I last saw him alive on Nov. 13 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac failure Duration 11/14/44
 Due to chronic myocarditis??

Due to semilitary ??
 Other conditions semilitary ??
 (Include pregnancy within 3 months of death)

Major findings: 930
 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?
 (Specify type of place)

While at work (e) Means of injury Q. 10, 1
 23. Signature P. E. Harland (M. D. or other)
 Address Dixonton, Mo. Date signed 11/14/44

1565

RECEIVED

District Health Officer No. 4
District File Number 1244-463
Date Filed 12-7-44

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 Arnell J. White

Licensed Embalmer No. 3012

P. O. Address Imperial, Miss.

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.