

FILED AUG 13 1945

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 594

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2644 N. Delaware
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

Missouri (a) State (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 2644 N. Delaware
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bessie D. Stratton

3. (b) If veteran, name war None 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 Caleb Stratton 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Sept. (Month) 17, (Day) 1876 (Year)

8. AGE: Years 68 Months 10 Days 13 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Mr. Winton (given name unknown)

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

14. Maiden name Mary E. Childers

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

16. (a) Informant Caleb Stratton

(b) Address 2644 N. Delaware - Spfld., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-2, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Bassville Cemetery

18. (a) Signature of funeral director Dunn Funeral Home

(b) Address Springfield, Mo.

19. (a) 7-31-45 (Date received local registrar) (b) H. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 th. year 1945 hour 10: minute 30 P. M.

21. I hereby certify that I attended the deceased from 4-28-41, 19____, to 7-29-45, 19____; that I last saw him alive on 7-28-45, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Heart Disease & Hypertension Duration 7 yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: gsk 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 Springfield, Mo. Date signed 7-31-45

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

MOTHER FATHER

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..... *Chas. M. Gault*

Licensed Embalmer No. *2891*

P. O. Address.....

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.

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