S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30499

State File No.

Registration District No. 115 Primary Registration District No. 4187 Registrar's No.

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Union
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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) Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Franklin
(c) City or town Union
(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

3. (a) PRINT FULL NAME James Ervin Stradford
3. (b) If veteran, name war no
3. (c) Social Security No. 499-03-4677
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nina
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased 12 (Month) 2 (Day) 1872 (Year)
8. AGE: Years 72 Months 9 Days 21 If less than one day hr. min.
9. Birthplace Bland (City, town, or county) Mo (State or foreign country)
10. Usual occupation Laborer
11. Industry or business General laborer
FATHER
12. Name Newton Stradford
13. Birthplace (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Julia Branson
15. Birthplace (City, town, or county) Mo (State or foreign country)
16. (a) Informant Nina Stradford
(b) Address Union Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-26-45 (Month) (Day) (Year)
(c) Place: burial or cremation Union Cemetery
18. (a) Signature of funeral director Sherwood Ritchell
(b) Address St Clair Mo
19. (a) Sept. 24-1945 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23 year 1945 hour 10 minute 15 A. M.
21. I hereby certify that I attended the deceased from Aug-16-1945, to 9-23-1945, that I last saw him alive on 9-23-1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis

Due to

Due to

Other conditions Myocardial Degeneration
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 1318

Duration

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

23. Signature W. E. Ritchell M.D. (M. D. or other)
Address St Clair Mo Date signed 9/24

1448

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 10-8-45

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 Elmwood Kitchell

Licensed Embalmer No. 3873

P. O. Address St. Clair, 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.