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FILED OCT 10 1945

State File No.

Registration District No. 165

Primary Registration District No. 5602

Registrar's No. 30

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

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Magnolia *Chickasaw Twp*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 5 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 5/  
(c) City or town Magnolia 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Ann Strickland

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife Jacob Strickland 6. (c) Age of husband or wife if alive deceased  
7. Birth date of deceased Oct. 18 1854  
(Month) (Day) (Year)

8. AGE: Years 90 Months 10 Days 27 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Bloomfield, Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation housekeeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Harry Malton  
13. Birthplace unknown Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Annie Berry  
15. Birthplace Louisville Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Harold Atkins  
(b) Address Magnolia, Mo.

17. (a) Removal (b) date thereof 9/15/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Eldon, Iowa

18. (a) Signature of funeral director Wweeney-Phillips  
(b) Address Warrensburg, Mo.

19. (a) 9/16/45 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15  
year 1945 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from June 14, 1944 to Sept 15, 1945  
that I last saw her alive on Sept 11, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris  
Duration \_\_\_\_\_

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

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy gtr

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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Kelly Rawlins (M. D. or other)  
Address Holder Mo Date signed 9/15/45

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**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.....

*R. G. Phillips*

Licensed Embalmer No.....

*2320*

P.O. Address.....

*Waverly, 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.**



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