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17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6256**

FILED FEB 25 1946

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Laclede  
(b) City or town Lebanon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede <sup>53</sup>  
(c) City or town Lebanon <sup>1</sup>  
(If outside city or town limits, write "RURAL")  
(d) Street No. Park manor <sup>2</sup>  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No) <sup>0</sup>  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George W. Stretch

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

4. Sex m 0 5. Color or race w  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Sonie Stretch 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased Dec. 27 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 0 8 hr. min.

9. Birthplace Shelby County Ill. <sup>1</sup>  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

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

MOTHER FATHER { 12. Name John A. Stretch <sup>1</sup>

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

14. Maiden name Sarah Nichols

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

16. (a) Informant Mrs. Sonie Stretch

(b) Address Lebanon Park manor

17. (a) Burial (b) Date thereof 1-7-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Balles Cemetery

18. (a) Signature of funeral director W.E. Holman

(b) Address Lebanon Mo.

19. (a) Jan. 10, 1946 (b) Geo. Frankfurter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5  
year 1946 hour 5 minute 45 P.M.  
21. I hereby certify that I attended the deceased from Jan 2, 1946 to Jan 5, 1946  
that I last saw him alive on Jan 5, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration  
myocardial failure 2 days  
Due to \_\_\_\_\_  
influenza 5 days  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy 338

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?

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature James L. Hobbs M. D. or other \_\_\_\_\_  
Address Lebanon, Mo. Date signed 1/2/46

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

Received 2/16/46  
Laclede County Health Unit  
File No. 1-46-4  
Date Filed 2/21/46

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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 Dorsey M. Howe  
Licensed Embalmer No. 4222  
P. O. Address Lebanon, 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.**