

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE

THE STATE BOARD OF HEALTH OF MISSOURI

FILED MAR 15 1946 STANDARD CERTIFICATE OF DEATH

State File No. **6398**

Registration District No. 187

Primary Registration District No. 3046

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Livingston
 (b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
426 - Cherry St. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 1
(Specify whether years, months or days)
 In this community 50 - years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston ⁵⁹
 (c) City or town Chillicothe ¹
(If outside city or town limits, write "RURAL")
 (d) Street No. 426 - Cherry ²
(If rural, give location)
 (e) Citizen of foreign country? No. ⁰
(Yes or No)
 If yes, name country ✓

3. (b) PRINT FULL NAME Rudolph W. Strehlow

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Effie Strehlow 6. (c) Age of husband or wife if alive - years
 7. Birth date of deceased December - 98 - 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>1</u>	<u>28</u>	hr. min.

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

10. Usual occupation Grocer - Retired

11. Industry or business -

12. Name Emil Strehlow
 Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Emma Pantzer
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. Informant Mrs. Isabelle M. Chavis
 Address Cameron, Missouri

17. (a) Removal (b) Date thereof 2/28/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blotche, Kans.

18. (a) Signature of funeral director Donald J. Gordon

(b) Address Chillicothe, Mo.

19. (a) Feb - 25 - 46 (b) Francis B. Neill
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26
 year 1946 hour 9 - minute 30 - P. M.

21. I hereby certify that I attended the deceased from March 1944 to Feb. 9 1946
 that I last saw him alive on Feb. 9 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of pancreas
 Due to Unknown

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

Major findings:
 Of operations 46g
 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 Clarence M. Neill M. D. or other 0
 Address Chillicothe, Mo. Date signed 2/28/46

Duration 9 months
 PHYSICIAN -
 Underline the cause to which death should be charged statistically.

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

MOTHER, FATHER, COPY BY AT 1946 APR 15 1946

DISTRICT HEALTH OFFICE
Cameron, Mo.

APR 11 1946

MAR 27 1946

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.....

Ronald A. Gordon

Licensed Embalmer No. *4191*

P. O. Address *Chillicothe, 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri)
County of Livingston) ss.

State File No. _____
Local Registrar's No. 23
~~167~~

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 3rd day of April, 1946, before me appears Isabelle McElwain, who, upon her oath, states that the original record of ~~birth~~ death for Rudolph W. Strehlow died February 26, 1946, in the State of Missouri, and which was filed at Jefferson City, Mo. on Mar. 15, 1946, should be corrected as follows:

Item No. 3 (a) should read Rudolph W. Strehlow

Instead of Richard W. Strehlow

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Isabelle McElwain nee
Relationship. _____

Cameron, Mo.
Present Address.

Subscribed and sworn to before me this 3rd day of April, 1946

My Commission expires 11-29-48
Eva Bell Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

0398