

S. No. 2
M-843
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8372**

FILED MAR 18 1946

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 62

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

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Community Nursing Home #1 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 years (Specify whether years, months or days)

In this community 70 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Kirkville
(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 Malcena Belle Strickland

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Strickland 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 14 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

86 3 5 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name James Hills

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

14. Maiden name Louisa Moore

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

16. (a) Informant Jerry Hills

(b) Address Kirkville, Missouri

17. (a) Burial (b) Date thereof 2/22/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sloans Point

18. (a) Signature of funeral director DE Kiley

(b) Address Kirkville, Missouri

19. (a) 3-3-46 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19 year 1946 hour 11 minute 35 P.M.

21. I hereby certify that I attended the deceased from Feb. 2 - 19 46 to Feb. 19 19 46 that I last saw her alive on Feb. 19 19 46 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia by Senile Dementia yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy 11c

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? _____

23. Signature Geo. Klavison (M.D. or other) M.D.
Address Kirkville, Mo Date signed 2-27-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 3-46-507

Date Filed MAR 15 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 Deerling

Licensed Embalmer No. 4181

P. O. Address Kennell

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.