

FILED JUN 30 1947

Registration District No. 140

Primary Registration District No. 3024

Registrar's No. 38

1. PLACE OF DEATH

(a) County Howard
(b) City or town Fayette
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 wks.
(Specify whether years, months or days)
In this community in Fayette 2 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Fayette Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 611 W. Elm.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frederick William STRATMAN

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Pauline Wehmer 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Aug 17-1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 9 20 hr. min.

9. Birthplace Warren Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Stratman

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

14. Maiden name Anna Steinberg

15. Birthplace Warren Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Henry J. Stratman

(b) Address 611 W. Elm Fayette Mo.

17. (a) Burial (b) Date thereof June 10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Pleasant

18. (a) Signature of funeral director L. S. Neuman

(b) Address New Franklin Mo.

19. (a) 6-14-1947 (b) Wesley Reynolds
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1947 hour 1 minute 15 p. M.

21. I hereby certify that I attended the deceased from April 1947 to June 7 1947
that I last saw him alive on June 7 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac failure
Due to Coronary disease
Due to _____

Duration 2 days
4 mos.

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy aut

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) (e) Means of injury _____

23. Signature W. J. Shair (M. D. or other) MD

Address Fayette, Mo. Date signed 6-10-47

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-28-47

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

H. L. Hall

Licensed Embalmer No.

3515

P. O. Address

New Franklin

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.