

FILED MAY 17 1948
Registration District No. **72**

Primary Registration District No. **5289**

Registrar's No. **36**

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

400

1. PLACE OF DEATH:

(a) County Clay *Rural Gallatin Twp.*

(b) City or town R.R. 2 Liberty
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R.R. 2 Liberty Mo.
(If not in hospital or institution, write street number or location)

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

In this community 2 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay **24**

(c) City or town Rural
(If outside city or town limits, write "RURAL") **0**

(d) Street No. R.R. 2 Liberty Mo.
(If rural, give location) **0**

(e) Citizen of foreign country? No (Yes or No) **0**
If yes, name country XXX

3. (a) PRINT FULL NAME Ina B. Strickland

3. (b) If veteran, name war No

3. (c) Social Security No. 486-03-8388

20. DATE OF DEATH: Month April day 8
year 1948 hour 8 minute 30 AM.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Arthur L. Strickland

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Jan. 21 1898
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 8 1948 to April 8 1948
that I last saw her alive on Apr 8 1948
and that death occurred on the date and hour stated above.

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

50 2 17 XX hr. XX min.

Immediate cause of death Hypertensive Heart Disease

9. Birthplace XXX Oaklahoma
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

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

10. Usual occupation House Wife

11. Industry or business Self

12. Name J.R. King

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

14. Maiden name Nancy D. Cooper

15. Birthplace Linn Co. Missouri
(City, town, or county) (State or foreign country)

Major findings: 935

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Auther Stricland

(b) Address R.R. Liberty Mo.

17. (a) Removal (b) Date thereof April 10-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation at Vernon Cem. Walker Mo.

18. (a) Signature of funeral director Morton Smith's F.H.

(b) Address 832 Armour Rd. North V.C.

19. (a) April 10 - 48 (b) Beverly Kitchen
(Date received local registrar) (Registrar's signature) **12**

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 0

23. Signature Wm. G. Goodson (M. D. or other) **MD**

Address Liberty Mo Date signed 4/9/48

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 4-30-48

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

Charles H. Stanley
working under my personal supervision.

Registered Apprentice No. 447

Signed *Theron O. Smith*

Licensed Embalmer No. 3928

P. O. Address *North Lenoir City, 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.