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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED JUL 10 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 19316  
Registrar's No. 39

Registration District No. 140

Primary Registration District No. 302x

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

1. PLACE OF DEATH:  
(a) County Howard  
(b) City or town Fayette, Mo.  
(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 2 hrs. (Specify whether  
In this community: ----- years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Howard 45  
(c) City or town Fayette, (If outside city or town limits, write "RURAL") 1  
(d) Street No. --- (If rural, give location) 1  
(e) Citizen of foreign country? No. (Yes or No) 0  
If yes, name country: ---

3. (a) PRINT FULL NAME Anne Strickland  
(b) If veteran, name war: -----  
(c) Social Security No. -----

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 11  
year 1948 hour 2 minute 30 P.M.  
21. I hereby certify that I attended the deceased from June  
11, 1948 to June 11, 1948  
that I last saw her alive on June 11, 1948  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced, single  
6. (b) Name of husband or wife: -----  
6. (c) Age of husband or wife if alive: --- years  
7. Birth date of deceased: June 11, 1948  
(Month) (Day) (Year)

Immediate cause of death: Compensit atelectasis Duration 2 hours  
Due to: Prematurity (6 months gestation)

8. AGE: Years Months Days If less than one day  
2 hr. min.  
9. Birthplace: Fayette, Howard Co. Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation: -----  
11. Industry or business: -----

Other conditions: ----- (Include pregnancy within 3 months of death)  
Major findings: -----  
Of operations: -----  
Of autopsy: -----

MOTHER FATHER { 12. Name Rogers N. Strickland  
13. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Betty Jean Higdon  
15. Birthplace Howard County Missouri  
(City, town, or county) (State or foreign country)  
16. (a) Informant Rogers Strickland  
(b) Address Fayette, Missouri  
17. (a) Burial (b) Date thereof 6/12/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Roanoke Mo. Cemetery  
18. (a) Signature of funeral director Ralph A. Carr  
(b) Address Fayette, Mo.  
19. (a) 6-26-1948 (b) Dorothy Jean Lakin  
(Date received local registrar) (Registrar's signature)

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 Francis D. Dan (M. D. or other) MD  
Address Lee Hosp. Fayette, Mo. Date signed 6-24-48

**RECEIVED**  
**District Health Officer No. 8,**  
District File Number \_\_\_\_\_  
Date Filed 7-9-48

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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 not \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 3340

P. O. Address Fayette 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.**