JAN 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

44769

Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, Registration District No. 85
(b) Township Primary Registration District No. 1001 Registered No. 1374
(c) City St. Joseph, (d) Street No. 1301 Sylvanie St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 59 yrs. 1 mos. 15 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Horace Franklin Stringfellow,
(a) Residence, No. 1301 Sylvanie St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Rosetta Stringfellow,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 30, 1878
7. AGE: YEARS 59 | MONTHS 1 | DAYS 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carrier,
9. Industry or business in which work was done, as saw mill, bank, etc. Post Office,
10. Date deceased last worked at this occupation (month and year) December 1936
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saint Joseph, Missouri,

FATHER
13. NAME: Franklin Stringfellow,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Virginia,

MOTHER
15. MAIDEN NAME: Abie Pickle,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown,

17. INFORMANT (ADDRESS): Mrs Horace F. Stringfellow 1301 Sylvanie Street,
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Mora Cem. DATE Dec. 18th, 1937
19. FUNERAL DIRECTOR (ADDRESS): Heaton-Belsole & Bowman 319 So. 10th. Str. Funeral Home
20. FILED 12-18, 1937 H. J. Nestlebush By J.C. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15th, 1937
22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1937, to Dec. 15, 1937, I last saw him alive on Dec. 15th, 1937. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Progressive Bulbar Paralysis

Date of onset

Other contributory causes of importance:

Inanition

Name of operation — Date of —
What test confirmed diagnosis? clinical test Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [signature] M. D.
(Address) 216 P. & S. Bldg. St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-36-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, J. Harold Bowman, Licensed Embalmer No. 3619

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed J. Harold Bowman

Licensed Embalmer No. 3619

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.)