

REC'D JUN 8 1938

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

19849
Do not use this space.

1. PLACE OF DEATH
(a) County North Registration District No. 903
(b) Township North Primary Registration District No. 4345
(c) City Grand City (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME REBECCA H. STRAIN 365
(a) Residence, No. _____ St. _____
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew Strain
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1853
7. AGE YEARS 85 MONTHS 0 DAYS 19 If LESS than 1 day, _____ hrs. _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. lived with
9. Industry or business in which work was done, as saw mill, bank, etc. last 6 years.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Mo.
13. NAME William Mathes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Mary ? Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT (ADDRESS) Edy Strain Grand City, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE 4/26/38
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arch C. Duffee Grand City, Mo.
20. FILED 6-7 19 38 Dred Mullins Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 24 1938
22. I HEREBY CERTIFY, That I attended deceased from April 16 1938 to Apr 24 1938
I last saw her alive on Apr 20 1938 Death is said to have occurred on the date stated above, at 3:00 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset 4-16-38
Other contributory causes of importance:
Chronic Arteriosclerosis
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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? _____
If so, specify _____ (Signed) B. H. Melby, M. D.
(Address) Blacston Iowa

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.

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,

myself

....., or by

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

Signed..... *Arch C. Duffee*

Licensed Embalmer No. *3258*

P. O. Address *Grant 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, above space should be left blank.