

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

16450
Do not use this space.

RECD MAY 24 1939

1. PLACE OF DEATH
 (a) County Wright Registration District No. 908
 (b) Township Wright Primary Registration District No. 4549
 (c) City Wright (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S. if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Arthur Edward Strickland
 (a) Residence, No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 4 - 1913
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 2 22
 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation 1938 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Arthur Strickland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Elic Phillips

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Arthur Strickland
Wright

18. BURIAL, CREMATION, OR REMOVAL PLACE Wright DATE 1-28-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) George Stok
Wright

20. FILED 4-6-39 Bernice Montgomery Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-26-39
 22. I HEREBY CERTIFY, That I attended deceased from 1/22, 1939, to 1/26, 1939
 I last saw him alive on 1/26, 1939. Death is said to have occurred on the date stated above, at 6:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Double Lobar pneumonia
 Date of onset _____
 Other contributory causes of importance: 108

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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? _____
 If so, specify _____ (Signed) R. H. Ryan, M. D.
 (Address) Wright

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-5-39-1044

Date Filed MAY 8 1939

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,

George Stoff

, or by

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

Signed

George Stoff

Licensed Embalmer No. 3165

P. O. Address

Wm. Service Co.

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.