

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28448

AUG 24 1940  
Registration District No. 293

Primary Registration District No. 4177

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Franklin  
(b) City or town Pacific  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) 21  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 10 years  
years, months or days

3. (a) PRINT FULL NAME ELIZABETH STRATMANN  
3. (b) If veteran, name war no  
3. (c) Social Security No. none

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Adam H.  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 1 1863  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>0</u>	<u>28</u>	hr. min.

9. Birthplace: Washington Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER, FATHER  
12. Name John Eissel  
13. Birthplace Unknown  
14. Maiden name Elizabeth Raszold  
15. Birthplace Unknown  
(City, town, or country) (State or foreign country)

16. (a) Informant's own signature Elizabeth Stratmann  
(b) Address Pacific, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 31, 1940  
(Month) (Day) (Year)

(c) Place: burial or cremation Pacific, Mo.

18. (a) Signature of funeral director Walter Thebes  
(b) Address Pacific, Mo.

19. (a) 8-30 (Date received local registrar) (b) MD Mary Rose (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Franklin  
(c) City or town Pacific, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29  
year 1940 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 28, 1940 to Aug 29th, 1940  
and that I last saw her alive on Aug 27, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis  
Due to Arterio sclerosis

Duration  
one month

Other condition Arterio sclerosis 2 years  
(Include pregnancy within 5 months of death)

Major findings:  
Of operations ✓  
Of autopsy ✓  
PHYSICIAN  
Underline the cause to which death should be charged statistically

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? ✓

23. Signature Walter Thebes (Specify type of place) (e) Means of injury ✓  
While at work? (a) Means of injury  
23. Signature Walter Thebes (M. D. or other)  
Address Pacific, Mo. Date signed 8-30-40

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.

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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.....

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

Signed *Dr. L. Hughes*

Licensed Embalmer No. *3008*

P. O. Address *Pa. 41110*

**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.**