

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38403

Registration District No. 139

Primary Registration District No. 5199

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Tina, Missouri, RFD# 1
(c) Name of hospital or institution:
John Brammer Homersw of Tina.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Two months. _____ (Specify whether
years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Sharton.
(c) City or town Rothville, Missouri.
(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 20 day November
year 1940. hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from Oct. 10, 1940
_____ 19____ to Nov. 20 1940
that I last saw him alive on Nov. 13 1940
and that death occurred on the date and hour stated above.

Immediate Cause of death Chronic Myocarditis
Duration _____

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 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?
While at work? _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature Dr. Frank L. Smith (M.D. or other) D.O.
Address Tina, Missouri. Date signed _____

3. (a) PRINT FULL NAME ULYSSES S. STRICKLAND.

3. (b) If veteran, name war P 3. (c) Social Security No. P

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Izora Brammer. 6. (c) Age of husband or wife if alive P years

7. Birth date of deceased December 4, 1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer,

11. Industry or business _____

MOTHER FATHER
12. Name John Strickland,
18. Birthplace Virginia.
14. Maiden name Mary Melton,
15. Birthplace Virginia.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs John Brammer,

(b) Address Tina, Missouri RFD#

17. (a) Burialle, (b) Date thereof 11/22/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rothville, Missouri.

18. (a) Signature of funeral director Clifford W. Huston

(b) Address Tina, Missouri

19. (a) 11-22-1940 (Date received local registrar) Jessie Andersen (Registrar's signature)

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

RECEIVED
District Health Officer - No. 8,
District File Number
Date Filed 12-11-40

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.....

Clifford W. Austin,

Registered Apprentice No.

working under my personal supervision.

Signed.....

Clifford W. Austin

Licensed Embalmer No. 3233.

P. O. Address Tina, Missouri.

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.