

3. No. 2
5-17-39
K2149

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6446**

MAR 14 1941
Registration District No. **189**

Primary Registration District No. **5-31-5129**

Registrar's No. **91**

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Harville Mo Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 1/2 miles N. E.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 2 1/2 years
years, months or days

3. (a) PRINT FULL NAME Rosella Strayhorn

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

4. Sex Female **5. Color or race** Col. **6. (a) Single, widowed, married, divorced.** 1 M

6. (b) Name of husband or wife Roy Strayhorn **6. (c) Age of husband or wife if alive** 59 years

7. Birth date of deceased July 4 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 7 Days 14 If less than one day hr. _____ min. _____

9. Birthplace UNKNOWN 1 Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name Pool M. Moore

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

14. Maiden name EMM 2 Short

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

16. (a) Informant Roy Strayhorn

(b) Address Harville Mo. R.F.D.

17. (a) removal **(b) Date thereof** 2/20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Charleston Mo

18. (a) Signature of funeral director Frank Mortuary

(b) Address Poplar Bluff Mo

19. (a) 2/26/41 **(b) Kate Lutz**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler 12

(c) City or town Harville Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18
year 1941 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb 17
1941 to Feb 18 1941
that I last saw her alive on Feb 17 1941
and that death occurred on the date and hour stated above.

Immediate cause of death flow into

Due to Lobar Pneumonia

Due to _____

Other conditions grip
(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? _____

(Specify type of place) _____
(e) Means of injury _____

23. Signature J F Jan (M. D. or other) 0

Address Meelyville Date signed _____

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

Grover W. Greer

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.