

No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7392

MAR 17 1941
Registration District No. 460

Primary Registration District No. 4274

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Higginsville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

8. (a) PRINT FULL NAME James H. Striegel

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Mrs. Reba Striegel 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased May 1, 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 9 12 hr. _____ min.

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

10. Usual occupation Insurance Salesman

11. Industry or business

MOTHER FATHER { 12. Name Sylvester Striegel
13. Birthplace Harper Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Alice Clarahan
15. Birthplace Harper Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Paul Ray

(b) Address Slater Mo.

17. (a) burial (b) Date thereof Feb 15, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Slater Mo.

18. (a) Signature of funeral director Asst. Dir.

(b) Address Higginsville, Mo.

19. (a) Mar 3-41 (b) Tiffany Webb
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54
(c) City or town Higginsville Mo 2
(If outside city or town limits, write "RURAL") 1
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 of year 1941 hour 6 PM approximately _____ minute _____ M.

21. I hereby certify that I attended the deceased from Coronary case, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death T. thrombus in st coronary artery Duration _____

Due to _____

Due to 44 W

Other conditions 44 W
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy: Thrombus of coronary artery 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) no

(b) Date of occurrence _____

(c) Where did injury occur? no injury
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 413

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. E. Martin MD Coronary 3 (M. D. or other)

*Address Osborn Mo Date signed _____

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed
H-H-E

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 *Arvid Beckhol*

Licensed Embalmer No. 3637

P. O. Address Higginville Td

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.