

FILED FEB 27 1942

Registration District No. 308

Primary Registration District No. 3086

Registrar's No. 11

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

1. PLACE OF DEATH: Callaway  
 (a) County \_\_\_\_\_  
 (b) City or town Fulton  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution State Hospital No 14  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 m. 25 d.  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Laclede <sup>53</sup>  
 (c) City or town Lebanon <sup>2</sup>  
 (If outside city or town limits, write "RURAL") <sup>1</sup>  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Abraham L. Strickland

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

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

6. (b) Name of husband or wife Anna A. Strickland 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Sep 23 1863 Mo.  
 (Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Orange County Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name George Strickland

13. Birthplace Mo.  
 (City, town, or county) (State or foreign country)

14. Maiden name Jane Murphy

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

16. (a) Informant Record

(b) Address \_\_\_\_\_

17. (a) Removal (b) Date thereof 1 24 42  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Mo

18. (a) Signature of funeral director J. C. Roberts

(b) Address Columbia Mo

19. (a) 1 24 42 (b) Joan Maschloff  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12  
 year 1942 hour 11-25 minute 0 M.

21. I hereby certify that I attended the deceased from 1-12-1942, to 1-12-1942  
 that I last saw alive on 1-12-1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 932

Of autopsy \_\_\_\_\_

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 George R. Record (M. D. or other) MD

Address Fulton Mo Date signed 1-12-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1141

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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, fact should be so stated above.**