

FILED APR 20 1942

Registration District No. _____

Primary Registration District No. 2549

Registrar's No. 4

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 047
(c) City or town Banner 0
(If outside city or town limit- write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William Nelson Strickland

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Clara Strickland 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 2 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 7 13 hr. _____ min.

9. Birthplace Iron County Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Joe Strickland

13. Birthplace Va. 1
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Earnest Strickland

(b) Address Banner Mo.

17. (a) burial (b) Date thereof 3-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goodland Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address 1919 White Ironton Mo.

19. (a) March 24 (b) Mrs J.C. Richler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1942 hour 6 minute 00 A. M.

21. I hereby certify that I attended the deceased from _____
by Coroner's 19____ to duties 19____;

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

Immediate cause of death Coronary thrombosis

Due to _____ 94a

Due to _____

Other conditions Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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 3

23. Signature W.M. ... coroner
(M. D. or other)

Address Ironton Mo. Date signed 3-20-42

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

047
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RECEIVED

District Health Officer No. 4
District File Number 442-449
Date Filed 4-13-42

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

Amel White

Licensed Embalmer No.

3012

P. O. Address

Denton, Tex

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.