No. 2
-1-4-41
5-17-39
I X26390

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

11563

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 660 Primary Registration District No. 5878 Registrar's No. 22

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Wittenberg Mo. Cantonment
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79

(c) City or town Wittenberg Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Sarah Strickland

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Curtis Strickland

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. (Month) 16 (Day) 1873 (Year)

8. AGE: Years 69 Months 1 Days 13 If less than one day hr. min.

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

10. Usual occupation House Work

11. Industry or business

FATHER
12. Name Linnis Garris
13. Birthplace (City, town, or county) / ILL. (State or foreign country)

MOTHER
14. Maiden name Martha- Dont Know
15. Birthplace (City, town, or county) / ILL. (State or foreign country)

16. (a) Informant Della Wilson
(b) Address Wittenberg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 31 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Wittenberg Mo.

18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.

19. (a) 3-30-42 (Date received local registrar) (b) O. J. Preusse (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1942 hour 10 minute P.M.

21. I hereby certify that I attended the deceased from Mar. 27 1942 to Mar. 29 1942 that I last saw her alive on Mar. 28 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Lobular Pneumonia — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

108

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)
While at work? (e) Means of injury

23. Signature R D Blaylock (M. D. or other)
Address Oak Ridge Mo Date signed 3-31-42

1113

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 442 - 44
Date Filed 4 - 13 - 4

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 Edward B. Young

Licensed Embalmer No. 2138

P. O. Address Perryville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.