

FILED MAY

65 1942

Registration District No. 68Primary Registration District No. 4410Registrar's No. 28

1. PLACE OF DEATH:

(a) County Pape
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 0

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME Henry Lee Straetz3. (b) If veteran, name war X 3. (c) Social Security No. X4. Sex M 5. Color or race German 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Luella Straetz 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Dec 8 1866
(Month) (Day) (Year)8. AGE: Years 75 Months 4 Days 17 If less than one day hr. min.9. Birthplace St Charles Co. MO
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business

12. Name X Straetz18. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name X Straetz15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. G. E. Rohlfing(b) Address Courville Mo.17. (a) Rural (b) Date thereof 4 25 1942
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New Florence18. (a) Signature of funeral director Grace Barthel(b) Address Bowling Green Mo.19. (a) 4-29-42 (b) John Frank Bodo
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike(c) City or town Rural
(If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 24
year 42 hour 12 minute 45 A.M.21. I hereby certify that I attended the deceased from 4/21, 1942 to 4/24, 1942
that I last saw him alive on 4/25, 1942
and that death occurred on the date and hour stated above.Immediate cause of death Cardiac Insufficiency Duration 3 daysDue to Pneumonia

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations 108

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? _____

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

23. Signature J. M. H. [unclear] (M. D. or other) _____Address Bowling Green Mo. Date signed 4/25/42

RECEIVED

District Health Officer No. 10

District File Number 5-42-843

Date Filed MAY - 5, 1942

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 Grace T. Bunkerhead

Licensed Embalmer No. 2204

P. O. Address Bowling Green 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 686

Primary Registration District No. 5914

Registrar's No.

1. PLACE OF DEATH:

(a) County Dike, Paraly

(b) City or town Indian Springs Township
(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 _____ (b) County _____

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Lee Stahem

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec year 42 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

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

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

7. Birth date of deceased Dec 8 1886
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____ (City, town, or county) (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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? _____

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

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

15240