. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1942

Registration District No. 875

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3039

State File No. 15856

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Nevada City Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community 49 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon 108

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

(d) Street No. 701 N. Main (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Effie Ellen Strawderman

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Lorenzo D. Strawderman

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

7. Birth date of deceased April 9, 1871 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	11	25	..... hr. ..... min.

9. Birthplace Woodson County, Kansas (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business at home

FATHER
12. Name Lemon Chadwick
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Best
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant L. June Strawderman

(b) Address Sacramento, California

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/42 (Month) (Day) (Year)

(c) Place: burial or cremation Deepwood Cemetery

18. (a) Signature of funeral director Ferry Funeral Home

(b) Address Nevada, Mo

19. (a) 4-17-42 (Date received local registrar) (b) Elizabeth Breckenridge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4, year 1942 hour 5:00 minute P M.

21. I hereby certify that I attended the deceased from Sept 27, 1940, to Apr 4, 1942 that I last saw her alive on Apr 4, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious Anemia — Duration Several years.

Due to ✓

Due to ✓

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none.

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 W. Love Mo (M. D. or other)

Address Nevada, Mo Date signed Apr 4/42

1231

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 5-42-463
Date Filed 5-11-42

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 Lloyd Winscott

Licensed Embalmer No. 3857

P. O. Address Nevada, 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, fact should be so stated above.