

FILED NOV 6 1942
Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 319

14
1
2

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

1. PLACE OF DEATH: *Callaway*
 (a) County *Callaway*
 (b) City or town *Hullton*
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: *State Hosp no 1*
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution *142. 9 mo 6 da*
 (Specify whether years, months or days)
 In this community *Sam*

3. (a) PRINT FULL NAME *Thomas Stradford*
 3. (b) If veteran, name war *D.K.*
 3. (c) Social Security No. *D.K.*

4. Sex *male* 5. Color or race *white*
 6. (a) Single, widowed, married, divorced, *married*
 6. (b) Name of husband or wife *Rebecca Stradford*
 6. (c) Age of husband or wife if alive *66* years
 7. Birth date of deceased *Nov. 24 - 1864*
 (Month) (Day) (Year)

8. AGE: Years *77* Months *10* Days *8*
 If less than one day hr. _____ min. _____

9. Birthplace *Gasconade Mo*
 (City, town, or county) (State or foreign country)

10. Usual occupation *laborer*

11. Industry or business _____

MOTHER FATHER
 12. Name *Neah Stradford*
 13. Birthplace *Gasconade Mo*
 (City, town, or county) (State or foreign country)
 14. Maiden name *Jules Brunen*
 15. Birthplace *Gasconade Mo*
 (City, town, or county) (State or foreign country)

16. (a) Informant *Ed Stradford*
 (b) Address *Merfeld Mo*

17. (a) *Roadbed BURIAL* Date thereof *10-3-1942*
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation *Roadbed Cemetery*

18. (a) Signature of funeral director *W. J. Battenstrater*

(b) Address *Owensville Mo*
 19. (a) *10-2-42* (b) *Jesse Merrillhoff*
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: *14*
 (a) State *Mo* (b) County *Gasconade 1*
 (c) City or town *Roadbed 2*
 (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.? *0* years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Oct* day *2*
 year *1942* hour *6* minute *20 A.M.*
 21. I hereby certify that I attended the deceased from *Sept. 28*
 _____, 19*42*, to *Oct 2*, 19*42*
 that I last saw him alive on *Oct. 1*
 and that death occurred on the date and hour stated above.

Immediate cause of death *Lobar Pneumonia*
 Due to *Generalized arterio sclerosis*

Due to _____
 Other conditions (Include pregnancy within 3 months of death) *108*

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 *Jornal Thomas* (M. D. or other)
 Address *Hullton Mo* Date signed *10/2/42*

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Melford Winter

Licensed Embalmer No. 3838

P. O. Address Quensville 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.