

FILED DEC 6 7 1942

Registration District No.

Primary Registration District No. 5609

Registrar's No. 16

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

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Rural (Rose Hill Twp)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route #2, Holden, Missouri.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution not hospitalized
(Specify whether)

In this community 25 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. Route #2, Holden, Missouri
(If rural, give location)

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

If yes, name country XX

3. (a) PRINT FULL NAME Edward Jay Strate

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male 5. Color or race cauc

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

6. (b) Name of husband or wife Lena Mary Strate

6. (c) Age of husband or wife if alive 64 years

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

8. AGE:

Years	Months	Days	If less than one day
69	7	28	hr. min.

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

10. Usual occupation Farmer

11. Industry or business on farm

MOTHER FATHER { 12. Name John Strate

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

{ 14. Maiden name Cynthia Burge

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

16. (a) Informant Lena Mary Strate

(b) Address Route #2, Holden, Missouri

17. (a) Burial (b) Date thereof Nov. 16, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden, Mo.

18. (a) Signature of funeral director Canaday and Ropp

(b) Address Holden, Missouri.

19. (a) Nov. 16 (b) Mrs Frank Morrison
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14
year 1942 hour 7:30 minute A M.

21. I hereby certify that I attended the deceased from June 12, 1939, to Nov 14, 1942
that I last saw him alive on Nov 13, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to 94%

Due to

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

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?

(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 Kelly Rawlin (M. D. or other)

Address Holden Mo Date signed 11/16/42

Health Officer No. 8,
District File Number _____
Date Filed 12-11-42

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 Samuel B. Popp,
Licensed Embalmer No. 4044
P. O. Address Holder, 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.