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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18362

ED JUN 11 1943
Registration District No. 227

Primary Registration District No. 4318

State File No. _____
Registrar's No. 93

1. PLACE OF DEATH: **Maries**

(a) County _____

(b) City or town **Vienna, Mo.**
(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: **63**

(a) State **Mo.** (b) County **Maries**

(c) City or town **Vienna, Mo.**
(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.

3. (a) PRINT FULLNAME **Xavier Stratman**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Male** 5. Color or Face **White**

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

6. (b) Name of husband or wife **Anna Stratman**

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

7. Birth date of deceased **2 27 1862**
(Month) (Day) (Year)

8. AGE: Years **81** Months **2** Days **1** If less than one day _____ hr. _____ min.

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

10. Usual occupation **farmer**

11. Industry or business **Joseph Stratman**

MOTHER FATHER { 12. Name _____

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

14. Maiden name **UNKNOWN**

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

16. (a) Informant **Tony Stratman**

(b) Address **Vienna, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **5-1-1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Vienna, Mo.**

18. (a) Signature of funeral director **H. C. Bennett**
Vienna, Mo.

(b) Address _____

19. (a) **5-13-43** (Date received local registrar)

(b) **Erma Bassett** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **29**
year **1943** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **September 6, 1939** to **April 28, 1943**
that I last saw him alive on **April 28, 1943**
and that death occurred on the day and hour stated above.

Immediate cause of death **Chronic Myocarditis**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **93**

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? _____

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

23. Signature **H. C. Bennett** (M. D. or other) **MD**
Address **Vienna, Mo.** Date signed **5/11/43**

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

H. W. Cunningham

Licensed Embalmer No.

3664

P. O. Address

Cleming St

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.