

U. S. No. 2
FORM—2-43
5-17-3
I X3587

28179

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 9 1943

Registration District No. 18

Primary Registration District No. 5440

Registrar's No. 50

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

1. PLACE OF DEATH:

(a) County GASCONADE

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

(c) Name of hospital or institution:
BLAND ROUTE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 77 YEARS (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME FRED HENRY STRACK

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife BERTHA STRACK

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

7. Birth date of deceased JUNE 11 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>2</u>	<u>15</u>	_____ hr. _____ min.

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

10. Usual occupation FARMING

11. Industry or business _____

12. Name LOUIS STRACK

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

14. Maiden name WILHELMINA MILLER

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

16. (a) Informant ARTHUR STRACK

(b) Address BLAND ROUTE MO

17. (a) BURIAL (b) Date thereof 8-29-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HOWARD CEM. BLAND R.

18. (a) Signature of funeral director W.F. Hattenstrater

(b) Address OWENSVILLE, MO

19. (a) August 29, 1943 (b) Myrtle M. Dunkel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE

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

(d) Street No. BLAND ROUTE
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 26
year 1943 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1-1
1940 to 8-26 1943
that I last saw him alive on 8-26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis

Due to _____

Due to _____

Other conditions 928
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy NO

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 W. J. Bunge M.D. (M.D. or other) _____
Address Blair 570 Date signed 8-27-43

Duration
3 1/2 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

12-17

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 H. H. Hinte

Licensed Embalmer No. 3838

P. O. Address Owensville 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.