

FILED DEC 13 1943

Registration District No. 185

Primary Registration District No. 56924306

Registrar's No. 20

58
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Meadville Parson's Creek Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community 65 years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln 58
(c) City or town Meadville
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Wilson Alpheus Strickler

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Evelyn Strickler 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased March 4 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 | 8 | 20 | hr. min.

9. Birthplace Chattanooga Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Jacob L. Strickler

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

14. Maiden name Elspey Scott

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

16. (a) Informant Mrs. R. L. Tharp

(b) Address Meadville Mo.

17. (a) Burial (b) Date thereof Nov 21 '43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Meadville cemetery

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

(b) Address Wheeling Mo.

19. (a) Nov. 25 1943 (b) Mo. Vivian Rowland
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
year 1943 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from October 14 1943 to November 19 1943, that I last saw him alive on November 19 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial failure
Hypertension
Chronic nephritis
Pulmonary edema
anxiety
Due to
Due to
Other conditions (include pregnancy within 3 months of death) 131 lb

Duration

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 DO.

23. Signature S. H. Harrison (M. D. or other) DO.
Address Meadville Mo. Date signed 11-25-43

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 *ME*

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

Signed *Frank L. Smiley*

Licensed Embalmer No. *490*

P. O. Address *Wheeling, W. Va.*

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.