

No. 2
5-42
17-39
X328

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39257

FILED DEC 7 1943
Registration District No. 954

Primary Registration District No. 6197

Registrar's No. 39

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

1. PLACE OF DEATH:

(a) County TEXAS

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 yrs. (Specify whether years, months or days)

In this community 23 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Texas ¹⁰⁷

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

(d) Street No. 3 mi West of Cabool
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mervin Hual Strain

3. (b) If veteran, name war..... 3. (c) Social Security No. 493-16-68

4. Sex M. 5. Color or race W

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

6. (b) Name of husband or wife Lora 6. (c) Age of husband or wife if alive 19 years (Day) (Year)

7. Birth date of deceased Dec 10 1920
(Month) (Day) (Year)

8. AGE: Years 22 Months 11 Days 12 If less than one day hr. min.

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

10. Usual occupation Truck operator

11. Industry or business.....

12. Name James Strain

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

14. Maiden name Julia Hual

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

16. (a) Informant Mrs. Julia Strain

(b) Address Cabool Mo.

17. (a) Burial (b) Date thereof Nov 25 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cabool

18. (a) Signature of funeral director Dayton V. Elliott
(b) Address Cabool Mo.

19. (a) Nov 25-43 (b) Mrs. Ron Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23 year 1943 hour 5 minute 18 A. M.

21. I hereby certify that I attended the deceased from Sept 27 1943 to Nov 23 1943 that I last saw him alive on Sept 27 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma Duration 19 mos.

Due to Primarily left testes-

Due to Ren. metastatic involvement of whole body

Other conditions of whole body
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy 51C

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 A. G. Frame (M. D. or other) 11/24/43
Address Mountain Home Date signed 11/24/43

Duration
Physician
Underline the cause to which death should be charged statistically.

1239

(Licensed Embalmer's Statement on Reverse Side)

mo.

RECEIVED

District Health Officer No. 5,

District File Number 1243680

Date 12-6-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.