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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JAN 12 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 383

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

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(c) Name of hospital or institution: St. Elizabeth Hosp.
(d) Length of stay: In hospital or institution
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal
(d) Street No. 2230 Chestnut
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Edward Strode 3rd

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, Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 10, 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day hr. 3 1/2 hrs.

9. Birthplace Hannibal Missouri (City, town, or county) (State or foreign country)

10. Usual occupation XX

11. Industry or business XX

12. Name Charles Edward Strode 3rd
13. Birthplace Hannibal Missouri (City, town, or county) (State or foreign country)
14. Maiden name Hester Webb
15. Birthplace Hannibal Missouri Perry Mo (City, town, or county) (State or foreign country)

16. (a) Informant Charles Edward Strode
(b) Address 2230 Chestnut

17. (a) Burial (b) Date thereof 12/11/43
(c) Place: burial or cremation Barkley Cemetery - New London

18. (a) Signature of funeral director W. M. Smith
(b) Address 902 Broadway Hannibal

19. (a) 12-14-43 (b) R. J. Connor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10 year 1943 hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased from Dec 10 1943 to Dec 10 1943 that I last saw him alive on Dec 10 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Respiratory failure, plus

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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

23. Signature [Signature] (M. D. or other) [Signature]
Address [Address] Date signed 12-15-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1146 (Licensed Embalmer's Statement on Reverse Side)

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

..... This body was not embalmed Registered Apprentice No.
working under my personal supervision.

Signed

Wm M Smith

Licensed Embalmer No. 1204

P. O. Address Hannibal Missouri

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.