

S. No. 2  
M-5-42  
7-5-17-39  
X32873

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JAN 31 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4838

Registration District No. 378

Primary Registration District No. 6285

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Wright  
(b) City or town Nowood - not a town  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number & location)  
(d) Length of stay: In hospital or institution no (Specify whether) 1  
In this community Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright  
(c) City or town Nowood 114  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural 114  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Ethel Paria Strunk

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years  
7. Birth date of deceased Nov. 7, 1895  
(Month) (Day) (Year)

8. AGE: Years 48 Months 2 Days 3 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Jas. Sisco's Cream Co. Mo.  
13. Birthplace Marion, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Marion Houghton  
15. Birthplace Marion, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Andrew J. Strunk  
(b) Address Nowood, Mo.

17. (a) Burial (b) Date thereof Jan. 13, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nowood Cemetery

18. (a) Signature of funeral director Howard Barber  
(b) Address Mt. Grove, Mo.

19. (a) 1-26-44 (b) H. M. Dowler  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10  
year 1944 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Jan 10 1944 to Jan 10 1944  
that I last saw him alive on Jan 10 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency Duration 15 days  
Pericarditis

Due to Pericarditis  
Due to Pericarditis  
Other conditions (Include pregnancy within 3 months of death) 92 f

Major findings:  
Of operations 92 f  
Of autopsy 92 f

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. M. Dowler (M. D. or other) 1944  
Address Nowood, Mo. Date signed 1/24

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

400

1533

1/24

RECEIVED

District Health Officer No. 6;

District File Number 144-120

Date Filed JAN 27 1944

APR 1 1944

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 Russell W. Barber  
Licensed Embalmer No. 3848  
P. O. Address Wm. Brown 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.