

FILED MAR 6 1943  
Registration District No. 6 1943

Primary Registration District No. 529-13014

Registrar's No. 21

24  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County CLAY CO

(b) City or town LIBERTY, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: no  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community no years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CLAY

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

(d) Street No. R.F.D. #2  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME FREDA CATHERINE STRODE

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex F 5. Color or race w

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

6. (b) Name of husband or wife: \_\_\_\_\_

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

7. Birth date of deceased aug 2 1892  
(Month) (Day) (Year)

8. AGE: Years 51 Months 6 Days 19  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name CHAS. RULFS

13. Birthplace GERMANY 4  
(City, town, or county) (State or foreign country)

14. Maiden name CATHERINE NESSETT

15. Birthplace GERMANY 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Jancy B Strode

(b) Address Liberty Missouri

17. (a) BURIAL (b) Date thereof 2/23/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Liberty Mo

18. (a) Signature of funeral director Terrace Hill Funeral Home

(b) Address Liberty Missouri

19. (a) Feb 22 44 (b) Helene Early  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21 year 1944 hour 8 minute — A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him at Liberty, Mo. 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Aeromegaly Duration 4 years

Due to \_\_\_\_\_

Due to 62

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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 i

23. Signature Quayle Sadson (M. D. or other) MD  
Address Liberty Date signed 2/23/44

986

NAJ  
613

RECEIVED

District Health Officer No. 8

Interim File Number.....

Date filed 3-2-47

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.....

*Self*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Victor E. Linniger

Licensed Embalmer No. 2896

P. O. Address Liberty 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.