

FILED MAY 9 1944

Registration District No. 6

Primary Registration District No. 4117

Registrar's No.

1. PLACE OF DEATH

(a) County Chariton

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

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

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

In this community 65 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton

(c) City or town Rothville
(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 _____

3. (a) PRINT FULL NAME Charles D. Stratton

3. (b) If veteran, name war ←

3. (c) Social Security No. ←

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5 year 1944 hour 3 minute 30 a.m.

21. I hereby certify that I attended the deceased from April 2 to April 5, 1944, that I last saw him alive on April 5, 1944, and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife Matie Stratton

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

7. Birth date of deceased Apr 6 1858
(Month) (Day) (Year)

Immediate cause of death Acute Bronchopneumonia
Pneumococcal (type)

Duration 3 da.

8. AGE: Years Months Days If less than one day

85 11 29 hr. min.

Due to _____

Due to _____

Other conditions General Arteriosclerosis
(Include pregnancy within 3 months of death)

9. Birthplace Chariton Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation Physician

Major findings: Of operations _____

Of autopsy POA

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name John Stratton

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

14. Maiden name Julia Allen

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

16. (a) Informant Mrs Matie Stratton

(b) Address Rothville MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-44
(Month) (Day) (Year)

(c) Place: burial or cremation Rothville, Mo

18. (a) Signature of funeral director Wm J. Shepard

(b) Address Mendon MO

19. (a) APR 7 1944 (b) MARTHA CLARK
(Date received local registrar) (Registrar's signature)

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 Boyd Haley (M. D. or other) MO

Address Boyd Haley MO Date signed 4/8/44

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

4100

DEC 16 1947

RECEIVED

District Health Officer No. 8.

District File Number.....

Date Filed.....

5-8-48

MAY 17 1948

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.....
D. L. Shepard

Licensed Embalmer No..... 3970

P. O. Address..... Mendon 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.