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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 17 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18789

Registration District No. 256 Primary Registration District No. 4388 Registrar's No.

1. PLACE OF DEATH:
(a) County Osage County
(b) City or town Chamois mo, (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 (Specify whether
In this community years, months or days) 82 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Osage 76
(c) City or town Chamois 0 (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 0

3. (a) PRINT FULL NAME Charles E Strickland
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 2 widowed
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased May (Month) 16 (Day) 1861 (Year)

8. AGE: Years 82 Months 11 Days 18 If less than one day 7 hr. 15 min.

9. Birthplace Luystown mo, Rural 0 (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business —
FATHER
12. Name John Strickland
13. Birthplace Osage County mo, 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margaret C Pack
15. Birthplace Luystown mo 0 (City, town, or county) (State or foreign country)
16. (a) Informant John T. Strickland
(b) Address Chamois, MO.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6 1944 (Month) (Day) (Year)
(c) Place: burial or cremation South Cimetery St aubert mo
18. (a) Signature of funeral director Otto T Stocksick
(b) Address Chamois Mo.
19. (a) May 5 1944 (Date received local registrar) (b) Esther Souder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1944 hour 7 minute 15 a M.
21. I hereby certify that I attended the deceased from April 4, 1944, to May 3, 1944; that I last saw him alive on May 3rd, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Decompensated heart	1 mo.
Due to Renal insufficency	1 mo.
Due to Influenza	1 wk
Other conditions Possibly cancer (where unknown) (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

55

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? — (Specify type of place)
While at work? — (e) Means of injury —
23. Signature R C Farnsworth 2 (~~M. D. or~~ other) DO
Address Chamois, Mo Date signed 5-5-44

(Licensed Embalmer's Statement on Reverse Side)

570

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 5-15-44

MAY 19 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 Otto T. Stocksick

Licensed Embalmer No. 1902

P. O. Address Chamois, 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.