S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1944

Registration District No. 22

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4338

State File No. 22099

Registrar's No. 36

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

**1. PLACE OF DEATH:**

(a) County: Monroe

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

(c) Name of hospital or institution: 101 A. North Main
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 (Specify whether

In this community: 57 Years 2Mo 21 Days
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Monroe 69

(c) City or town: Monroe City 1
(If outside city or town limits, write "RURAL")

(d) Street No.: 101 A. North Main 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Harry Earl Strean

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single 0

6. (b) Name of husband or wife:

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

7. Birth date of deceased: March (Month) 26 (Day) 1887 (Year)

8. AGE: Years: 57 Months: 2 Days: 21 If less than one day: hr. min.

9. Birthplace: Monroe City (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation: Retired Barber

11. Industry or business:

FATHER
12. Name: John W. Strean
13. Birthplace: Paris (City, town, or county) 0 Missouri (State or foreign country)

MOTHER
14. Maiden name: Virginia Catherine Strean
15. Birthplace: Madison (City, town, or county) 0 Missouri (State or foreign country)

16. (a) Informant: Miss Daisy Strean
(b) Address: Monroe City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/18/44 (Month) (Day) (Year)
(c) Place: burial or cremation: St Judes Monroe City

18. (a) Signature of funeral director: Nelson & Sons
(b) Address: Monroe City, Mo

19. (a) 6-18-44 (Date received local registrar) (b) Otis Hedberg (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month: June day: 16th year: 1944 hour: 11 minute: 15 P.M.

21. I hereby certify that I attended the deceased from April 19, 1944, to June 16, 1944, that I last saw alive on June 15, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Disease (Paralysis Agitans) — Duration: 12 Yrs

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations:

Of autopsy:

87

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: W. O. Wilson (M. D. or other)

Address: Monroe City, Mo. Date signed: 6/17/44

1126

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-44-1328
Date Filed JUL 12 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 By me

, Registered Apprentice No.

working under my personal supervision.

Signed Lucie L Nelson

Licensed Embalmer No. 3814

P. O. ~~Address~~ Monroe City, 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.**