

FILED SEP 19 1944

Registration District No. **163**

Primary Registration District No. **4253**

1. PLACE OF DEATH:

(a) County **Johnson**
(b) City or town **Chilhowee**
(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 **10 Years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**
(c) City or town **Chilhowee**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Elizabeth Strasburg.**

3. (b) If veteran, name war _____ 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 **Randolph Strasburg.** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Mar 3 1863**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 5 27 hr. min.

9. Birthplace **Summer Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Houswife**

11. Industry or business _____
12. Name **Peter Burgard**
13. Birthplace **Pennsylvania**
(City, town, or county) (State or foreign country)
14. Maiden name **Martha Danner**
15. Birthplace **Pennsylvania**
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant **J. O. Strasburg.**
(b) Address **Cleveland. Missouri**
17. (a) **Burialview** (b) Date thereof **Aug. 31/44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Centerview.**

18. (a) Signature of funeral director **Sweeney-Phillips**
(b) Address **Warrensburg. Mo.**
19. (a) **8/31/44** (b) **Mrs O. L. Cook**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **30**
year **1944** hour **2** minute **A** M.

21. I hereby certify that I attended the deceased from **Aug. 25**
19 **44**, to **Aug. 29** 19 **44**
that I last saw her alive on **Aug 29**
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart failure**

Due to **Embolus in femoral vein.**

Due to _____

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

Major findings: Of operations **99/1**
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)
(c) Means of injury _____
23. Signature **E. N. Robinson** (M. D. or other) **D.O.**
Address **Chilhowee** Date signed **8/30/44**

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

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 S. R. Sweeney.....

Licensed Embalmer No. 1621.....

P. O. Address Warrenton.....

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.