

S. No. 2  
M-2-43  
5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28580

FILED AUG 25 1944

State File No. ....

Registration District No. 296

Primary Registration District No. 4434

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Ralls

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

(c) Name of hospital or institution:  
Residence  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls 87

(c) City or town New London  
(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 Cora Belle Strode

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward Morton Strode 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased: July 18 1860  
(Month) (Day) (Year)

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

<u>83</u>	<u>9</u>	<u>5</u>	hr. min.
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9. Birthplace New London Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Squire Reason Nichols

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

14. Maiden name Mary Ann Carstarphen

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

16. (a) Informant Mrs. W. L. Weaver

(b) Address Hannibal, Mo.

17. (a) Burial (b) Date thereof April 25, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barkley, New London

18. (a) Signature of funeral director Wm. M. Smith

(b) Address 902 Broadway, Hannibal

19. (a) 4-25-44 (b) RL Becking  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23  
year 1944 hour 5 minute 50 A. M.

21. I hereby certify that I attended the deceased from 4-22 to 4-23, 1944,  
that I last saw him alive on 4-22, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure  
Due to senility

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

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

Major findings: Of operations 93

Of autopsy \_\_\_\_\_

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 W. L. Weaver (M. D. or other) \_\_\_\_\_  
Address Hannibal Mo Date signed 2/24/44

Duration

2 PM

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1171

NOV 27 1944

RECEIVED  
District Health Officer No. 10  
District File Number 8-44-1487  
Date Filed AUG 23 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 George T. Bond

Licensed Embalmer No. 4373

P. O. Address Hannibal, Missouri

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.