

FILED JAN 16 1945

Registration District No. 385

Primary Registration District No. 3039

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Marceline
(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) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 37 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 58
(c) City or town Marceline
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country FI

3. (a) PRINT FULL NAME

Joseph Strayhall

3. (b) If veteran,

name war _____

(c) Social Security

No. _____

4. Sex

Male

5. Color or race

white

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

widowed

6. (b) Name of husband or wife

Mary Ernie

6. (c) Age of husband or wife if

alive _____ years
16 1851
(Month) (Day) (Year)

7. Birth date of deceased

Nov. 16 1851
(Month) (Day) (Year)

8. AGE:

Years 93 Months 1 Days 20
If less than one day
hr. _____ min. _____

9. Birthplace

Bohemia 8
(City, town, or county) (State or foreign country)

10. Usual occupation

Coal miner

11. Industry or business

MOTHER FATHER

12. Name James Strayhall 8

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

14. Maiden name Katie Black

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

16. (a) Informant

James Strayhall

(b) Address

Marceline Mo.

17. (a) Burial

Burial

(b) Date thereof

Jan. 9-1940
(Month) (Day) (Year)

(c) Place: burial or cremation

St. Oliver

18. (a) Signature of funeral director

James McLaughlin

(b) Address

Marceline Mo.

19. (a) 1-8-43

(Date received local registrar)

(b) P. L. Patrick M.D.

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

Jan day 6

year 1940 hour 2 minute 00 A. M.

21. I hereby certify that I attended the deceased from

Sept. 17, 1944 to Jan. 6, 1948

that I last saw him alive on Jan. 5, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Bronchopneumonia

Duration

3 days

Due to

Senility

Due to

Arteriosclerosis

Other conditions

chron myocarditis
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____
Of autopsy 930

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 John W. Aiken

(M. D. or other) D.O.

Address Marceline Mo.

Date signed 1-6-48

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

588

Boyle

10-1-13 P.O.

STATEMENT BY LICENSED EMBALMER

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.