

FILED MAR 30 1945

6074

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Rural - Randolph
(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)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME William HENRY STRAUSSER

3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex M **5. Color or race** W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years

7. Birth date of deceased. January 31 1859
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>-</u>	<u>14</u>	____ hr. ____ min.

9. Birthplace _____ (City, town, or county) Pennsylvania (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business _____

12. Name Amos Strauser

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

14. Maiden name Jarah Evans

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

16. (a) Informant Earl Strauser

(b) Address 5219 Oak Ave; St. Louis, Mo

17. (a) Burial **(b) Date thereof** Feb. 18 1945
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Bismarck, Missouri

18. (a) Signature of funeral director J. S. Boyer & Son

(b) Address 1210 N. Main

19. (a) 3-10-45 **(b)** James W. Hoffman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Rural 94
(If outside city or town limits, write "RURAL")

(d) Street No. Randolph Township - Near Bismarck
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12
year 1945 hour 11:45 minute _____ M.

21. I hereby certify that I attended the deceased from 2
3, 1945, to 2, 1945.

that I last saw him alive on 2-14, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis

Due to Senility

Due to _____

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

Major findings: AM

Of operations _____

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) (e) Means of injury _____

23. Signature James W. Hoffman (M. D. or other) 2/23/45
Address Bismarck, Mo Date signed _____

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

1400

1273

RECEIVED

District Health Officer No. 4
District File Number 345-360
Date Filed 3-19-45

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

Melvin Miller, Registered Apprentice No. 367
working under my personal supervision.

Signed Bert L. Boyer
Licensed Embalmer No. 3445
P. O. Address Leadwood 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.