

FILED JUL 7 1945

Registration District No. 224

Primary Registration District No. 3072

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

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Fitzgibbons Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Days
(Specify whether
In this community 60 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Marshall
(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 William Marion Striker

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

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

7. Birth date of deceased January 31st, 1871
(Month) (Day) (Year)

8. AGE: 73 1/2 years Months 4 Days 12 If less than one day hr. _____ min.

9. Birthplace Miami Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Isaac O. Striker

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

14. Maiden name Henretta Stern

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

16. (a) Informant Miss Rennie Striker

(b) Address 549 East Eastwood, Marshall, Missouri

17. (a) Cremation (b) Date thereof June 14, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park cemetery

18. (a) Signature of funeral director Comptel R. R. R.
(b) Address Marshall, Mo.

19. (a) 6/13/45 (b) Miss T.O. Weech
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 13
year 45 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from 5-13-45
_____, 19____ to 6-13, 1945
that I last saw him alive on 6-13, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death General atherosclerosis
Duration 10 yrs

Due to _____
Due to _____

Other conditions Arteriosclerosis & dementia
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy 97

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. F. M. D. (M. D. or other) _____
Address Marshall, Mo. Date signed 6-13-45

RECEIVED

State Health Officer No. 5

7/5/45

JUL 6 1945

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, ~~by~~, Registered Apprentice No., working under my personal supervision.

Signed Jan H. Penie
Licensed Embalmer No. 1171
P. O. Address Marshall 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.