

FILED SEP 11 1945

State File No. _____

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 245

1. PLACE OF DEATH:

(a) County Loafe Girardeau
(b) City or town Loafe Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution So. E. Mo. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether Home)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Loafe Girardeau
(c) City or town Loafe Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 302 No. Merrill St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JERRY W. STRATTON

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

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 July 30 - 1945
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Loafe Girardeau Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name Dewey M. Stratton
13. Birthplace Greenville Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Grace Weaver
15. Birthplace Maynard Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant A. M. Stratton

(b) Address Loafe Girardeau Mo.

17. (a) Burial (b) Date thereof Aug 2 - 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmount Cem

18. (a) Signature of funeral director Walthus Lind, Co.

(b) Address Loafe Girardeau Mo.

19. (a) 8-3-45 (b) F. M. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1st
year 1945 hour 2 minute 55 P.M.

21. I hereby certify that I attended the deceased from July 30, 1945 to Aug 1st, 1945
that I last saw him alive on Aug 1st, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
Due to _____
Due to _____

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

Major findings: 19
Of operations _____
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 0

23. Signature H. Cochran (M. D. or other) _____
Address Loafe Girardeau Mo. Date signed 8/3/45

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4

District File Number 945-1060

Date Filed 9-8-45

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.....

Not Embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed *Virgil K. Welch*.....

Licensed Embalmer No. *4102*.....

P. O. Address *Cape Girardeau, 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.