

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38705

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 262

## 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:  
549 East Eastwood  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community All her life  
years, months or days)

## 3. (a) PRINT FULL NAME

Maud Striker3. (b) If veteran,  
name war \_\_\_\_\_3. (c) Social Security  
No. None

4. Sex Female 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 March 25, 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 7 6 hr. min.

9. Birthplace Marshall Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation House keeper

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

12. Name Issaac O. Striker  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Henrietta Stern  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Striker(b) Address 549 East Eastwood, Marshall17. (a) Cremation (b) Date thereof Nov. 2, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Ridge Park cemetery18. (a) Signature of funeral director Charles R. Rine(b) Address Marshall, Mo.19. (a) 11-2-45 (b) Mrs. T. A. Washbrook  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97  
(c) City or town Marshall 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 549 East Eastwood 2.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 - day 1  
year 1945 hour 5:30 minute \_\_\_\_\_ A. M.21. I hereby certify that I attended the deceased from 18th 1945 to 21st 1945  
that I last saw her alive on 10-29 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Coronary OcclusionDue to Generalized arterio-sclerosis 10 yrs

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

Other conditions Mitral Regurgitation 2 yrs.  
(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy 940

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 M. R. Rine (M. D. or other) M.D.  
Address Marshall, Mo. Date signed 11-1-45

1215 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 12-11-45

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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 \_\_\_\_\_

*Geo. H. Davis*

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.