

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **2311**

FILED FEB 7 1946

Registration District No. **79**

Primary Registration District No. **3008**

Registrar's No. **9**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
307

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 1-2
(If not in hospital or institution, write street number or location)

(d) Length of stay: 2 yrs 10 m 5 d
(Specify whether years, months or days)

In this community 2 yrs 10 m 5 d

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lennie C. Strickland

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1946 hour 1-30 minute _____ M.

21. I hereby certify that I attended the deceased from 1-2-46, 19____ to 1-8-46, 19____

that I last saw her alive on 1-8-46, 19____ and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife L. Strickland

6. (c) Age of husband or wife if alive 57 1/2 years

7. Birth date of deceased July 17 1872
(Month) (Day) (Year)

Immediate cause of death Bronchio Pneumonia Acute

Due to Influenza

Due to _____

8. AGE: Years 73 Months 7 Days 21 If less than one day _____ hr. _____ min.

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

Major findings: Of operations _____

Of autopsy _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles A. Steum

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

14. Maiden name Carilda Bagley

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

16. (a) Informant Record

17. (a) Burial (b) Date thereof Jan 10 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Wm G. Manpin

(b) Address 712 Camp Fulton, Mo.

19. (a) 1-10-1946 (b) Jose Morissethoff
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____

23. Signature Jose Morissethoff (M. D. or other) _____
Address Fulton Mo. Date signed 1-27-46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 2-5-46

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 Elen G. Maupein
Licensed Embalmer No. 2725
P. O. Address Fulton 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.