S. No. 2
1—8-43
5-17-39
PI X3782

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 28 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2573

Registration District No. 7 Primary Registration District No. 4167 Registrar's No. 18

1. PLACE OF DEATH:
(a) County DeKalb
(b) City or town Amity
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 1
(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)
In this community 8 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County DeKalb 32
(c) City or town Amity 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ASHTON EMERY STRATTON
3. (b) If veteran, name war Spanish American
3. (c) Social Security No.

4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillie May
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased Jan (Month) 20 (Day) 1881 (Year)
8. AGE: Years 64 Months 10 Days 1 If less than one day ... hr. ... min.
9. Birthplace Amity (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

MOTHER FATHER
12. Name John Stratton
13. Birthplace ... Ky (City, town, or county) (State or foreign country)
14. Maiden name Harriett Nixon
15. Birthplace ... Canada (City, town, or county) (State or foreign country)

16. (a) Informant Mrs A E Stratton
(b) Address Amity Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-45 (Month) (Day) (Year)
(c) Place: burial or cremation Amity Mo
18. (a) Signature of funeral director John Brown
(b) Address Maysville
19. (a) 11-25-45 (Date received local registrar) (b) Roscoe Davidson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21 year 1945 hour 9 minute 35 P.M.
21. I hereby certify that I attended the deceased from June 1945 to Nov 21 1945 that I last saw him alive on Nov 21 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrage	4 days
Due to: Hypertension Arteriosclerosis	10 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Dr. Harold Fowler D.O. (M.D. or other)
Address Maysville Date signed 11-27-45

(Licensed Embalmer's Statement on Reverse Side)

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

100131

JAN 29 1946

Received
DISTRICT HEALTH OFFICE
Cameron, Mo.
1-18-46

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 John D Brann

Licensed Embalmer No. 3933

P. O. Address Maryville 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.