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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1946

Registration District No. 144

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2933

Primary Registration District No. 5564

Registrar's No. 1

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

804

1. PLACE OF DEATH:

(a) County IRON

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

(c) Name of hospital or institution: Union Mer
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County IRON 47

(c) City or town ANNAPOLIS (RURAL) 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME OZRO JAMES STRICKLAND

3. (b) If veteran, name war —

3. (c) Social Security No. 491-18-4123

4. Sex M J

5. Color or race W

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

6. (b) Name of husband or wife DOLLY STRICKLAND

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased APRIL (Month) 13 (Day) 1903 (Year)

8. AGE: Years 42 Months 9 Days 5 If less than one day hr. min.

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

10. Usual occupation TIMBER WORK

11. Industry or business

FATHER
12. Name TOLLET STRICKLAND
13. Birthplace UNKNOWN (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name ABAGAIL LIGHT
15. Birthplace MUNGER (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant MRS DOLLY STRICKLAND

(b) Address ANNAPOLIS MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1/19/46 (Month) (Day) (Year)

(c) Place: burial or cremation ANNAPOLIS CEMETERY

18. (a) Signature of funeral director Geo. P. Leuchel

(b) Address Ironton - Missouri

19. (a) 1-21-46 (Date received local registrar) (b) Mis Avis Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 18th year 1946 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from I DID NOT SEE HIM ALIVE, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ACUTE CARDIAC FAILURE	
~~Due to~~ (CORONERS JURY VERDICT 1/18/46)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 20	

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 Geo. P. Leuchel CORONER OF IRON CO. MO. (M. D. or other)

Address Ironton - Missouri Date signed 1/18/46

128

(Licensed Embalmer's Statement on Reverse Side)

Health Officer No. 4
Registrar's File Number 246-1697
Date Filed 2-7-46

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 ..... 1/18/46 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Geo. P. Luckel

Licensed Embalmer No. 3475

P. O. Address Doctor - Miami

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.