

FILED FEB 15 1946

Registration District No. 208

Primary Registration District No. 5760

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Maywood R.I.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life
years, months or days

3. (a) PRINT FULL NAME Sallie Rosie Stratton

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elmer Stratton 6. (c) Age of husband or wife 49 years
7. Birth date of deceased Feb 3 1896
(Month) (Day) (Year)

8. AGE: Years 49 Months 11 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Maywood R.I. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name James Betty
13. Birthplace Marion Co. Mo
(City, town, or county) (State or foreign country)
14. Maiden name Rosie Jones
15. Birthplace Russ Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Stratton
(b) Address Maywood Mo

17. (a) Burial (b) Date thereof 1-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maywood

18. (a) Signature of funeral director A. R. Chambers
(b) Address Maywood Mo

19. (a) January 14 46 (b) L. Boone Dwyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion
(c) City or town Maywood Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 51 St W Maywood
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12
year 1946 hour 9:00 minute _____ P.M.
21. I hereby certify that I attended the deceased from Oct 1 1945 to Jan 12 1946
that I last saw her alive on Jan 12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism Duration 1 hr
Due to Chronic Nephritis

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

Major findings: Of operations _____
Of autopsy 938

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 J. P. Roman (M.D. or other) _____
Address Palmyra Mo Date signed 1/14/46

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

1590

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..... *A. N. Chambers*

Licensed Embalmer No. *3766*

P. O. Address..... *Mapwood*

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.