

FILED MAR 12 1946 STANDARD CERTIFICATE OF DEATH

State File No. 6782

Registration District No. 293

Primary Registration District No. 6004

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Ralls
 (b) City or town Rural - R.R. #2
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: New London, Mo. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 3.5 years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Arena Ellen Strode

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married Married
 divorced _____
 6. (b) Name of husband or wife Lap Strode 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased December 12 1895
 (Month) (Day) (Year)

8. AGE: Years 50 Months 0 Days 25 If less than one day
 hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Lilay Berger
 13. Birthplace Ralls county Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Emily Hill
 15. Birthplace Ralls county Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Lap Strode(b) Address R.R. #2 New London, Mo.

17. (a) Burial (b) Date thereof Jan 7 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barley Cemetery18. (a) Signature of funeral director Roy B. Schwartz(b) Address 1070 Bldg. Highway 170

19. (a) 1-9-46 (b) A. J. Waters
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. R.R. #2, New London, Mo.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7
 year 1946 hour 4 minute - A. M.

21. I hereby certify that I attended the deceased from Jan 1, 1945, to Jan 7, 1946;
 that I last saw her alive on Jan 2, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 15 Mo

Due to Hypertension 15 Mo

Due to _____

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

Major findings:

Of operations 830

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 1

23. Signature A. J. Waters (M. D. or other) _____Address New London Mo Date signed 1-9-46

264 (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4373

P. O. Address Humboldt - 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.