

FILED APR 10 1946

Registration District No. _____

Primary Registration District No. 5347

Registrar's No. 23

1. PLACE OF DEATH:
 (a) County Dallas
 (b) City or town Buffalo Rural
(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) 1
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Dallas ³⁰
 (c) City or town Buffalo ⁰
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME EONA ALMA STRICKLAND
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Mar day 16
 year 1946 hour _____ minute 5 P. M.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased Dec 16 1896
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years 49 Months 2 Days 24
 If less than one day hr. _____ min. _____

Immediate cause of death Stroke Duration _____
by drowning in
Grassy Creek
 Due to 1 1/2 mi. E of Buffalo

9. Birthplace Dallas Co Mo
(City, town, or county) (State or foreign country)
 10. Usual occupation housekeeper

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

MOTHER FATHER

11. Industry or business _____
 12. Name W E Hill
 13. Birthplace Mo
(City, town, or county) (State or foreign country)
 14. Maiden name Belle English
 15. Birthplace Mo
(City, town, or county) (State or foreign country)

Major findings: _____
 Of operations _____
 Of autopsy 1648
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Henry Strickland
 (b) Address Buffalo Mo
 17. (a) 7. Burial (b) Date thereof 3-12-46
(Burial, cremation; or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Lawn
L B Jones
 18. (a) Signature of funeral director _____
 (b) Address Buffalo Mo
 19. (a) 4-2-1946 (b) Grace Petrus
(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) suicide
 (b) Date of occurrence 3-10-46
 (c) Where did injury occur? Buffalo Bell Mo
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
in creek on farm 1 1/2 mi. E of Buffalo
(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature L B Jones (M. D. or other) _____
 Address Buffalo Mo Date signed 3-11-46

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

7852

80

JUL 13 1946
Date

3-46-358

4-10-46

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 Leonard B. Jones

Licensed Embalmer No. 2508

P. O. Address Buffalo, N.Y.

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.