

5. No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 14 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15601

State File No. _____

Registration District No. 1

Primary Registration District No. 4002

Registrar's No. 157

1. PLACE OF DEATH:

(a) County ADAIR

(b) City or town BRASHEAR
(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 54 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ADAIR

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

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

(e) Citizen of foreign country? NO (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME CLYDE E. STRICKLER

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

4. Sex M Color or race W

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased JULY 26 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

54 10 3 _____ hr. _____ min.

9. Birthplace KNOX COUNTY MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER

12. Name ALBERT STRICKLER

13. Birthplace KNOX CO. MO
(City, town, or county) (State or foreign country)

14. Maiden name BIBBIE HUBBLE

15. Birthplace KNOX CO. MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Strickler

(b) Address Brashear, Mo

17. (a) BURIAL (b) Date thereof 5-31-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LOCUST HILL - MO

18. (a) Signature of funeral director Foster R. Cooley

(b) Address Brashear Mo.

19. (a) 6-3-46 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1946 hour 6 PM minute _____ M.

21. I hereby certify that I attended the deceased from OCT 19 1945 to MAY 29 1946;
that I last saw him alive on MAY 29 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block Duration Sudden

Due to Complication of Thymic & heart disorder

Due to Chronic Nephritis 2 yrs

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury F

23. Signature H.M. Humphrey (M. D. or other) MD

Address Brashear Mo Date signed 6-1-46

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

RECEIVED

District Health Officer No. 10

District File Number 6-46-1193

Date Filed JUN 13 1946

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 Geo B Caskey Jr

Licensed Embalmer No. 3755

P. O. Address Hurdland 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.