

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

45
0

32189

FILED NOV 7 1946 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33361
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 137

(b) Township Deshabate 1 Primary Registration District No. 5508

(c) City Montrose (d) Street No. R.F. 19 # Registered No. 204

(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME GORA STRICKER

(a) Residence, No. Country St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Wife Charles Stricker
(or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23 - 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 3 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER 13. NAME Elmer Wingo

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME ✓

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Doc Stricker
(ADDRESS) Montrose Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Montrose DATE Oct 27 46

19. FUNERAL DIRECTOR (NAME) Welling Bros
(ADDRESS) Montrose Mo

20. FILED 10-28 1946 R. R. Kenney
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25 1946

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1946, to Oct 23, 1946

I last saw her alive on Oct 25, 1946 Death is said to have occurred on the date stated above, at 9:40 P.M.

The principal cause of death and related causes of importance were as follows:
gastric carcinoma

Date of onset ?

Other contributory causes of importance:
46 B

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) W. E. Baggardly, M. D.
(Address) Montrose Mo

120

(Licensed Embalmer's Statement on Reverse Side)

10-26-1946

RECEIVED
DISTRICT HEALTH DEPARTMENT
10-46-2011
11-7-45

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,

on the 25th day of Dec-1946, or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Frank Lee

Licensed Embalmer No. *1099*

P. O. Address *Appleton City 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, above space should be left blank.