

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED OCT 17 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 145

Primary Registration District No. 5566

Registrar's No.

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Belleview
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether years, months or days) 9 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

(c) City or town Belleview
(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 Sarah Elizabeth Strickland

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct., day 5
year 1946 hour 4 minute 00P M.

4. Sex 1 fem 5. Color or race white

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife James W. Strickland

6. (c) Age of husband or wife if alive 1856 years

7. Birth date of deceased March 15 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 24, 1945, to Oct 5, 1946; that I last saw her alive on Oct 3, 1946; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>6</u>	<u>20</u>	hr. min.

Immediate cause of death Arterial sclerosis, general

Duration 15 yrs.

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

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

10. Usual occupation retired

PHYSICIAN

Major findings:
Of operations 97

Of autopsy

Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name Jessie E. Baxter

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown - Adams

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

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?

16. (a) Informant Ed Strickland

(b) Address Belleview Missouri

17. (a) burial (b) Date thereof 10-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bixby Mo.

(Specify type of place) While at work? (e) Means of injury 0

23. Signature Bruce Bull (M. D. or other) M.D.
Address Ironton, Mo. Date signed 10-7-46

18. (a) Signature of funeral director Norman White & Sons

(b) Address 77 White Ironton Mo.

19. (a) Oct 11 - 1946 (b) Mrs. Elizabeth Logson
(Date received local registrar) (Registrar's signature)

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

7
00

3

RECEIVED

Health Officer No. 4
File Number 1046-2755
Date Filed 10-15-46

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 Arcey White
Licensed Embalmer No. 3012
P. O. Address Imperial Hill

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.