

Registration District No. 38

Primary Registration District No. 5120

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
Brickyard Rd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community Always
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Boone

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

(d) Street No. Brickyard Rd.
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN PLEDGE STRODE

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 13
year 1947 hour 6:00 minute _____ P.M.

21. I hereby certify that I attended the deceased from 1-10
1947 to 3-18 1947
that I last saw him alive on 3-9 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W

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

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

7. Birth date of deceased Oct. 15 1850
(Month) (Day) (Year)

Immediate cause of death Cerebral thrombosis
Duration for days

8. AGE: Years Months Days If less than one day
96 4 28 _____ hr. _____ min.

Due to Age & Stroke

9. Birthplace Boone Co. Mo
(City, town, or county) (State or foreign country)

Due to _____

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

10. Usual occupation Grocer

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Strode

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

14. Maiden name Ellen Alice

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations none

Of autopsy none

16. (a) Informant Mrs S. O. Davis

(b) Address Brickyard Rd. Columbia Mo.

17. (a) Burial (b) Date thereof 3 15 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Salem Cem.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(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? _____

18. (a) Signature of funeral director Parber Funeral Service

(b) Address 18 N 102 Columbia Mo.

19. (a) 3-15-47 (b) Mrs R E Palmer
(Date received local registrar) (Registrar's signature)

While at work? No (Specify type of place) _____

(e) Means of injury _____

23. Signature W. D. Dyant (M. D. or other) M. N.
Address Columbia Date signed 3-15-47

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

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 3/17/42

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 Thomas L. Zaring
Licensed Embalmer No. 41312
P. O. Address Columbia, 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.