

No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

37523

National Office of Vital Statistics

State File No.

FILED NOV 19 1947

Registration District No.

Primary Registration District No. 3017

Registrar's No. 175

1. PLACE OF DEATH:

(a) County COOPER

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

(c) Name of hospital or institution 1214 EAST MORGAN
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 77 YEARS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER 27

(c) City or town BOONVILLE
(If outside city or town limits, write "RURAL") 1

(d) Street No. 1214 E. MORGAN
(If rural, give location) 2

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

3. (a) PRINT FULL NAME MRS MARY LOUISE STRETZ

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 11
year 1947 hour 5 minute P. M.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife J. HENRY STRETZ

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

7. Birth date of deceased SEPTEMBER 10 - 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased on
November 11, 1947
that I found her dead Nov 11, 1947
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>2</u>	<u>1</u> hr. min.

Immediate cause of death Probable Coronary thrombosis 3 minutes

Due to hypertensive arteriosclerotic heart disease 1 year

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

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

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

12. Name ARTHUR EDWARDS

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

14. Maiden name EVA EDWARDS

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

Major findings:
Of operations.....
Of autopsies.....

PHYSICIAN
Underline the cause of which death should be charged statistically.

16. (a) Informant MRS LEO J. SCHMIDT

(b) Address BOONVILLE - MO.

17. (a) BURIAL (b) Date thereof 11/15/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CATHOLIC CEMETERY

18. (a) Signature of funeral director STEGNER

(b) Address BOONVILLE - MO.

19. (a) 11-14-47 (b) D. Cooper
(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).....

(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?.....
(Specify type of place)

While at work..... (e) Means of injury 0

23. Signature A. Nieltmann (M. D. or other) MD
Address 329 Main St., Boonville Mo. Date signed Nov 14/1947

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 11-18-47

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 _____
Fred W. Harris Registered Apprentice No. 476
working under my personal supervision.

Signed James W. Stegner
Licensed Embalmer No. 3780
P. O. Address BOONVILLE - 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.