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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 25 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37908

Registration District No. 137 Primary Registration District No. 5608 Registrar's No. 237

1. PLACE OF DEATH
(a) County Henry
(b) City or town Rural Deepwater Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 3 Mi N of Montrose
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry 42
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Deepwater twp
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Strauch
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased 12 (Month) 25 (Day) 1877 (Year)

8. AGE: Years 70 Months 10 Days 20 If less than one day hr. min.

9. Birthplace Clinton Mo (City, town, or county) (State or foreign country)
10. Usual occupation Stonemason
11. Industry or business
FATHER
12. Name Not Known
13. Birthplace not Known (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name not known
15. Birthplace not known (City, town, or county) (State or foreign country)
16. (a) Informant Joe Bettels
(b) Address Montrose Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Germantown Cem
18. (a) Signature of funeral direct Sickman & Dunning
(b) Address Clinton Mo
19. (a) 11-16-47 (Date received local registrar) (b) R R Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15
year 1947 hour 6 minute 45 A.M.
21. I hereby certify that I attended the deceased from April 8, 1947, to Nov 15 1947
that I last saw him alive on Nov 8 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemmorrage	
Due to hypertension	2 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature W. E. Boggerty M.D.
Address Montrose Mo Date signed 11-17-47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 10-47-1337
Date Filed 11-24-47

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

Signed J. R. Hausey

Licensed Embalmer No. 3682

P. O. Address Calhoun, 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.