

No. 2  
M-5-43  
5-17-39  
I X36671

State File No. \_\_\_\_\_

FILED DEC 4 1947

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 405

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia

(c) Name of hospital or institution 603 So. New York Ave.

(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 Pettis

(c) City or town Sedalia

(d) Street No. 603 So. New York

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mima Rogers Stratton

3. (b) If veteran, name war ✓

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24 year 1947 hour 5:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 11/24/47 to \_\_\_\_\_ 19\_\_\_\_; that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above.

5. Color or race White

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

6. (b) Name of husband or wife Henry J. Stratton

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

7. Birth date of deceased: June 1, 1883

Immediate cause of death coronary atherosclerosis

Due to coronary thrombosis

8. AGE: Years 64 Months 5 Days 23

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)

9. Birthplace Cooper Co. Mo.

10. Usual occupation Homemaker

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name John H. Rogers

13. Birthplace Virginia

14. Maiden name Mary Bales

15. Birthplace Mo.

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 Mr. Gertrude Bryant

(b) Address 1524 E. Sixth Sedalia Mo.

17. (a) burial (Burial, cremation, or removal)

(b) Date thereof 11-26-47

(c) Place: burial or cremation Crown Hill Cem

18. (a) Signature of funeral director McLaughlin Bros

(b) Address 519 So Ohio Sedalia Mo.

19. (a) 11-26-47 (Date received local registrar)

(b) Betty Yeager (Registrar's signature)

White at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury 2

23. Signature W. H. T. Tolson (Type or other) D.A.

Address 315 E. Bldg. Sedalia Mo. Date signed 11/25/47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 12-3-47

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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 \_\_\_\_\_

*K. P. M. Crary*

Licensed Embalmer No. \_\_\_\_\_

*3153*

P. O. Address \_\_\_\_\_

*Sedalia 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.**