

FILED MAR 19 1948

Registration District No. 144

Primary Registration District No. 3035

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

1. PLACE OF DEATH:

(a) County Lefayette
(b) City or town Lexington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 204 1/2 St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Life time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lefayette
(c) City or town Lexington
(If outside city or town limits, write "RURAL")
(d) Street No. 204 1/2 St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME William Henry Strawther

3. (b) If veteran, name war _____ 3. (c) Social Security No. 487-05-034

4. Sex Male 5. Color or race Cauc
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Priscilla Struther 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Jan 15 1880
(Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Coal Miner

11. Industry or business Mining Coal

12. Name Joseph Strawther

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

14. Maiden name Hannah Platt

15. Birthplace Uniontown, N. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Priscilla Strawther

(b) Address Lexington, Mo.

17. (a) Rural (b) Date thereof 12-28-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Mo

18. (a) Signature of funeral director Edward Sosa

(b) Address Lexington, Mo.

19. (a) 3/16-48 (b) Thomas E. Gault
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24 year 1947 hour 8 minute 20 AM.

21. I hereby certify that I attended the deceased from _____ 1947 to Dec 24 1947
that I last saw him alive on Dec 20 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chrom. my. an. d. s. Duration _____

Due to Hypertension & hemiplegia

Due to _____

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

Major findings: Of operations 93 D
Of autopsy _____

PHYSICIAN
Underline the cause to 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? _____

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

23. Signature Ben H. Brashear (M. D. or other) _____

Address Lexington Mo. Date signed 1-2-48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-18-48

MAR 20 1948

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 George A. Green

Licensed Embalmer No. 4220

P. O. Address Leamington, Mich

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.