

No. 2  
4-13-40  
5-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13253  
15000

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

FILED MAY 7 1948

Registration District No. 178

Primary Registration District No. 4285

Registrar's No. 25

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

1. PLACE OF DEATH:

(a) County LEWIS

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

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME ELIZABETH STRETCH

3. (b) If veteran, name war \_\_\_\_\_

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

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife HARMON D Stretch 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: SEPT 13 1855  
(Month) (Day) (Year)

8. AGE: Years 92 Months 7 Day 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lewis County Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation at Home

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

MOTHER FATHER

12. Name Benjamin Pittford 4

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

14. Maiden name Ann Meredith

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

16. (a) Informant Mrs Walter Stretch

(b) Address Ewing Mo

17. (a) Burial (b) Date thereof 4/25/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lewistown Mo

18. (a) Signature of funeral director James Hodder

(b) Address LEWISTOWN, Mo.

19. (a) 4-26-48 (b) P. St. Jennings M. D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56

(c) City or town Ewing Mo 0  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21  
year 1948 hour 8 minute 8 P. M.

21. I hereby certify that I attended the deceased from April 18  
1948 to April 21 1948;  
that I last saw her alive on April 21 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Sauntity

Duration 3 years

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

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

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

Major findings: 10

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

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 2

23. Signature Harry T. McBrocker M. D. or other D.D.

Address La Belle Mo Date signed 4/23

RECEIVED

District Health Officer No. 10

District File Number

5-48-814

MAY -5 1948

Date

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

*Charles L. Arnold Sr.*

Registered Apprentice No.

61

working under my personal supervision.

Signed

*James A. Coder*

Licensed Embalmer No.

2537

P. O. Address

*Lewistown Pa*

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.