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National Office of Vital Statistics
FILED AUG 17 1948

Registration District No. **37**

Primary Registration District No. **3023**

Registrar's No. **171**

1. PLACE OF DEATH:

(a) County **Henry**
(b) City or town **Clinton, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Wetzell Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Six hours**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **HENRY**
(c) City or town **Deepwater**
(If rural, give location)
(d) Street No. _____
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

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3. (a) PRINT FULL NAME **Julia C. Strickland**

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 **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **July 16, 1873**
(Month) (Day) (Year)

8. AGE: Years **75** Months **0** Days **22** If less than one day _____ hr. _____ min.

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

10. Usual occupation **House Wife Keeper**

11. Industry or business _____
12. Name **Meribh L. Strickland**

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

14. Maiden name **Agzilia Conway**

15. Birthplace **West Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Maud Wilson**

(b) Address **Deepwater, Mo.**

17. (a) **Burial** (b) Date thereof **Aug. 10, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Valley Cem**

18. (a) Signature of funeral director **Tom Hunt**

(b) Address **Deepwater, Mo**

19. (a) **8-12-1948** (b) **M. B. Kerney**
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August 8** day **1948**
year **1948** hour **2/45 A.** Minute **5** M.

21. I hereby certify that I attended the deceased from **Aug. 5, 1948** to **August 8, 1948**
that I last saw her alive on **August 8, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the stomach and liver.**

Duration

Due to _____

Due to _____

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

Major findings: Of operations **H**

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 **D. R. Trammell** (M. D. number) **810**
Address **Deepwater, Mo.** Date signed **Aug 8, 1948**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7

District File Number 7-41-930

Date Filed 8-16-48

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.....

Tom Hurst

Licensed Embalmer No. 2782

P. O. Address Deepwater MD

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.