FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 25 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26866

Registration District No. 189 — Primary Registration District No. 0622 — Registrar's No. 237

1. PLACE OF DEATH:
(a) County Knox Co.
(b) City or town Rural, Myrtle Twsp. (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) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Knox 52
(c) City or town Rural Knox City 0 (If outside city or town limits, write "RURAL")
(d) Street No. 1 mile East of Knox City 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Laura Ellen Strickler
3. (b) If veteran name war No
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harry Edgar Strickler
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased October (Month) 21 (Day) 1868 (Year)

8. AGE: Years 79 Months 9 Days 28 If less than one day hr. min.

9. Birthplace Knox City, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name David Martin
13. Birthplace Unk (City, town, or county) Penn. (State or foreign country)
MOTHER
14. Maiden name Elizabeth Warlick
15. Birthplace Unk (City, town, or county) Germany (State or foreign country)
16. (a) Informant Harry E. Strickler
(b) Address Knox City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 21, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Knox City Cemetery
18. (a) Signature of funeral director Marlo X Owens
(b) Address Knox City Mo.
19. (a) Aug-21-48 (Date received local registrar) (b) Neil S. Hunnett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19 year 1948 hour 11 minute 40 A.M.
21. I hereby certify that I attended the deceased from April 1948 to Aug 19 1948 that I last saw her alive on Aug 18 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Sclerosis Chronic Myocardial	3
Due to Arterio Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) Embolism of Posterior Tibial Artery	5 days

Major findings:
Of operations
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 Waldo B. Sow (M. D. or other) MD
Address Knox City Mo. Date signed 8/19/48

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

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

RECEIVED
District Health Officer No. 10
District File Number 8:48:149
Date Filed AUG 23 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 Don Matlen

Licensed Embalmer No. 4430

P. O. Address Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.