

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33117
4304
Registrar's No.

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Major Clinic 31st. & Euclid
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
(Specify whether
In this community 2 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Carroll
(c) City or town Norborne
(If outside city or town limits, write "RURAL")
(d) Street No. 202 E. 3rd. St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Daniel Harrison Stratton Jr.

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mabel Ward Stratton
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Oct. 20 1876
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 2
If less than one day hr. min.

9. Birthplace Stet Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Hardware Business

11. Industry or business Cunningham - Beckemeir

12. Name Daniel Harrison Stratton

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

14. Maiden name Elizabeth Bowman

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

16. (a) Informant Mabel Ward Stratton

(b) Address 202 E. 3rd. St.

17. (a) Burial (b) Date thereof 10/24/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Excelsior Springs Mo.

18. (a) Signature of funeral director Earp & Sons

(b) Address 4139 E. 15th. St.

19. (a) 10-22-48 (b) Staldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22nd
year 1948 hour Eight minute Forty P.M.

21. I hereby certify that I attended the deceased from Oct 20th
1948 to Oct 22nd 1948
that I last saw him alive on Oct 21st 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Occlusion of the coronary artery of
Due to Cerebral Thrombosis several days
Due to _____

Underlying conditions Hypertension & cerebral arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 940

Duration Sudden
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 Hermon S. Major
(M.D. or other)

23. Signature Hermon S. Major
Address 3100 Euclid Ave KC Mo Date signed 10/24/48

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.....

William H. Eargle

Registered Apprentice No. *241*

working under my personal supervision.

Signed

John B. Eargle

Licensed Embalmer No. *2955*

P. O. Address *K.C. Mo.*

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

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