

Registration District No. 297

Primary Registration District No. 4476

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

1. PLACE OF DEATH:

(a) County RAY

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

(c) Name of hospital or institution HOME IN HARDIN  
(If not in hospital or institution, write street number or location)

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

In this community all life years, months or days (Specify whether)

3: (a) PRINT FULL NAME CLYDE LESLIE STRATTON SR.

3: (b) If veteran, name war WW

3: (c) Social Security No. WW

4. Sex M 5. Color or race W

6: (a) Single, widowed, married, divorced MARRIED

6: (b) Name of husband or wife ADA L. STRATTON

6: (c) Age of husband or wife if alive 54 years

7. Birth date of deceased MARCH 18 1881  
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 23

If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace CARROLL COUNTY Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation GROCCER

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

MOTHER FATHER { 12. Name SHELBY STRATTON

13. Birthplace RAY COUNTY Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name SARRA WHEELER

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

16: (a) Informant C. K. STRATTON JR.

(b) Address 3925 CLARK, N. C. MO.

17: (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof OCT. 13, 1948  
(Month) (Day) (Year)

(c) Place: burial or cremation HARDIN CEMETERY

18: (a) Signature of funeral director Rippschild & Borchding

(b) Address HARDIN, MO.

19: (a) Oct 16 - 1948 (Date received local registrar)

(b) Malcol Jackson (Registrar's signature) 1948

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County RAY

(c) City or town HARDIN  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11  
year 1948 hour 2 minute 20 P. M.

21. I hereby certify that I attended the deceased from 1:45 pm  
OCT. 11, 1948, to 2:20 pm, OCT. 8, 1948;

that I last saw him alive on OCT. 11, 1948;

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusive Heart Failure

Duration \_\_\_\_\_

Due to Coronary Disease 3 years

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

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: No operation

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

Of autopsy NO 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)

(c) Means of injury \_\_\_\_\_

23. Signature Virgil A. Billiter (M. D. or other) D.O.

Address Hardin Mo. Date signed OCT. 13, 1948

RECEIVED

District Health Officer No. 8.

Case No. \_\_\_\_\_

Date ~~filed~~ 11-3-48

8781 18 AOM

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.....

August Boucherding....., Registered Apprentice No. 237  
working under  personal supervision.

Signed John W. Knipschild.....  
Licensed Embalmer No. 2789  
P. O. Address Hardin, Mo.

**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.**