

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28293

State File No.

FILED AUG 18 1945

Registration District No.

Primary Registration District No. 6044

Registrar's No. 5453

1. PLACE OF DEATH:

(a) County Repley
(b) City or town Bardley (Pin) Tenn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yrs. (Specify whether years, months or days)
In this community 3 yrs.

3. (a) PRINT FULL NAME Mary M Strauser

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F.M. 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Frank Strauser 6. (c) Age of husband or wife if alive 5 years
7. Birth date of deceased July 5 1860 (Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 0 If less than one day hr. min.

9. Birthplace Tenn. 1 (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name Samuel S Lancaster
13. Birthplace Tenn. 1 (City, town, or county) (State or foreign country)
14. Maiden name Kelly Huffarine
15. Birthplace Tenn. 1 (City, town, or county) (State or foreign country)

16. (a) Informant J.R. Carter
(b) Address Bardley Mo.

17. (a) Burial (b) Date thereof Aug. 6-45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Camp Ark.

18. (a) Signature of funeral director Higginbotham Funeral Home
(b) Address Salem, Ark.

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Repley 91
(c) City or town Bardley (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5 year 1945 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from 1-1-1942 to 8-3-1945, that I last saw her alive on 8-1-1945, and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis
Myocardial Regurgitation

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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?

(Specify type of place) While at work? (e) Means of injury

23. Signature Eddy Adamson (M. D. or other)
Address Doniphan, Mo. Date signed 8-9-45

(Licensed Embalmer's Statement on Reverse Side)

676

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

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

Leland Carter

Licensed Embalmer No. *701*

P. O. Address

Hardy, Arkansas

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Sept

Registration District No.

303

Primary Registration District No.

6044

Registrar's No.

5

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Bailey Pineburg
(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 3 yrs
years, months or days)

3. (a) PRINT
FULL NAME

Mary M. Strauser

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex Female

5. Color or
race W

6. (a) Single, widowed, married,
divorced Wid

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive: 24 years

7. Birth date of deceased

July 5
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

85

hr. min.

9. Birthplace

(City, town, or county)

Tenn
(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

James S. Lancaster

13. Birthplace

(City, town, or county)

Tenn
(State or foreign country)

14. Maiden name

Betty Huffman

15. Birthplace

(City, town, or county)

Tenn
(State or foreign country)

16. (a) Informant

J.R. Carter

(b) Address

Bailey, Mo

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

8-6-45
(Month) (Day) (Year)

(c) Place: burial or cremation

Camp Ark

18. (a) Signature of funeral director

Higginbotham

(b) Address

18-23

St. Louis, Mo

19. (a)

(Date received local registrar)

8-5-45
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ripley

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

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

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug, year 1945, hour 10 minute 00 M.

21. I hereby certify that I attended the deceased from 1945 to 1945, that I last saw him alive on Aug 5, and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

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)

(i) Means of injury

23. Signature J. Edgar Adamson (M.D. or other)

Address St. Louis, Mo Date signed 8-5-45

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

SUPPLEMENTARY

S-28293