S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27958

FILED AUG 23 1945

Registration District No. 212 Primary Registration District No. 4326 Registrar's No. 37

1. **PLACE OF DEATH:**
(a) County Miller County
(b) City or town Oleam
(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 years, months or days)
In this community

2. **USUAL RESIDENCE OF DECEASED:**
(a) State Mo. (b) County Miller
(c) City or town Oleam
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WALTER HACO STROTHER
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 7 (Day) 1870 (Year)

8. **AGE:** Years 75 Months 3 Days 12 If less than one day hr. min.

9. Birthplace Moniteau County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Merchant
11. Industry or business

MOTHER FATHER
12. Name Samuel Henry Strother
13. Birthplace Don't Know (City, town, or county) (State or foreign country)
14. Maiden name Ethel Richman
15. Birthplace Cole County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Samuel Strother
(b) Address 4035A Russell Ave. St Louis
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Burke Cem.
18. (a) Signature of funeral director William F Friedmeyer
(b) Address California Mo.
19. (a) July 27-45 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 26
year 1945 hour 1 minute M.
21. I hereby certify that I attended the deceased from July 26 1944 to July 26 1945 that I last saw h alive on July 25 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to Arteriosclerosis	5 yrs
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 [signature] (M. D. or other)
Address Eldon Mo. Date signed 7-27-45

1114

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 45-67
Date Filed 8-10-45

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 Hugh E Williams

Licensed Embalmer No. 3537

P. O. Address California 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.