V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

630

State File No.

Registration District No. 8 6 — Primary Registration District No. 4445 — Registrar's No. 3

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Prairie Home Mo
(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 Missouri (b) County Cooper
(c) City or town Prairie Home Mo
(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 ____

3. (a) PRINT FULL NAME Louisa A. Strickfaden
3. (b) If veteran, name war ____
3. (c) Social Security No. ____

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased 11 (Month) 27 (Day) 1862 (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	1	24	____ hr. ____ min.

9. Birthplace ____ (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired
11. Industry or business ____

FATHER
12. Name Peter Walterscheidt
13. Birthplace ____ (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Caroline Baker
15. Birthplace ____ (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mary B. Willingartner
(b) Address California Mo.
17. (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: burial or cremation Cedron Cem.
18. (a) Signature of funeral director C. Albert Hornbeck
(b) Address Prairie Home Mo.
19. (a) 1-23-47 (Date received local registrar) (b) A. R. Meredith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1947 hour 8 minute ____ M.

21. I hereby certify that I attended the deceased from 1-21, 1947 to 1-21, 1947
that I last saw her alive on 1-21, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	2 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	PHYSICIAN — Underline the cause to which death should be charged statistically.
Of autopsy	

83A

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 A. R. Meredith (M. D. or other) M.D.
Address Prairie Home Mo — Date signed 1/23/47

(Licensed Embalmer's Statement on Reverse Side)

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 C. Albert Hornbeck

Licensed Embalmer No. 2574

P. O. Address Prairie Home 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.