DEC 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39526
Do not use this space.

1. PLACE OF DEATH
(a) County Jefferson 2 Registration District No. 420
(b) Township Valley Primary Registration District No. 3022 Registered No. 75
(c) City De Soto (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 86 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank Stroupe
(a) Residence, No. 300 Valley St. St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy Jane Dodson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25 - 1852

7. AGE: YEARS 86 | MONTHS 0 | DAYS 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hematite Mo. 0

FATHER
13. NAME George Stroupe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓ 9

MOTHER
15. MAIDEN NAME ✓
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓ 9

17. INFORMANT (ADDRESS) Nora Eaves 300 Valley - De Soto Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ware Mo DATE Nov. 6 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Motherhead De Soto Mo

20. FILED 11/15 1938 Jeneva Donnell
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 3 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1938, to Nov. 3 1938
I last saw him alive on Nov. 1 1938. Death is said to have occurred on the date stated above, at 9:10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
arterio-sclerotic heart disease	unknown
95 P 2	
Other contributory causes of importance: chronic bronchitis	unknown

Name of operation none Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Karl V. McKinstry, M. D.
381 (Address) Edgar Bldg. De Soto, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.