

DEC'D JAN 13 1938

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

43865
Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 598
(b) Township Smithville Primary Registration District No. 4351
(c) City Rt 2 New Florence, Mo (d) Street No. 5741 Registered No. 69
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edward Ang. Strube,

(a) Residence, No. New Florence, Mo. RFD 2 St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) Wife of Ivy Strube,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 29th 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 00 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Near Brig Spring, Mo. Montgomery, Co. Mo.

13. NAME John H. Strube,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown German

15. MAIDEN NAME Pauline Mealhouse,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown German

17. INFORMANT (ADDRESS) Mrs Edward G. Strube, New Florence, Mo. RFD 2

18. BURIAL, CREMATION, OR REMOVAL PLACE New Florence DATE Dec 30th 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Barton Baker, Americus, Mo.

20. FILED 1/10 1938 James W. Behr M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Sudden Death 1938, to 1938, 1938

I last saw h live on Sudden Death 1938. Death is said to have occurred on the date stated above, at 12:30 p.m. (?)

The principal cause of death and related causes of importance were as follows:

Gun - shot wound (left head at left ear + left temple) - self inflicted with a 12 ga. single barrel shot gun.

Date of onset 12-28-38
167

Other contributory causes of importance Debt - loss of home - poor health

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury Dec 28, 1938
Where did injury occur? Barn of his home New Florence, Mo.
Specify whether injury occurred in industry, in home, or in public place home - at the barn
Manner of injury 12 ga. single barrel - shot gun
Nature of injury gun - shot of head

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify none

(Signed) E. J. T. Andersen, M.D.
(Address) Montgomery City, Mo

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.

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,

Durward B. Baker,

or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Durward B Baker

Licensed Embalmer No.

3375-

P. O. Address

Americus, 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, above space should be left blank.