

1939 JUL 14 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

23368  
Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 792  
 (b) Township Arrow Rock Primary Registration District No. 4473  
 (c) City Arrow Rock (d) Street No. 6035 St.  
 (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 5-31 Minnie Strutman Windmeyer

(a) Residence, No. Arrow Rock, Mo. R.F.D. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred William Windmeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20th, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 I 21

8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. None  
 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) Montgomery County  
 (STATE OR COUNTRY) Missouri

13. NAME John Strutman

14. BIRTHPLACE (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

15. MAIDEN NAME Mary Baker Strutman

16. BIRTHPLACE (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Mabel Rose  
 (ADDRESS) Brookfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Arrow Rock, Mo. DATE June 13, 1939

19. FUNERAL DIRECTOR (NAME) Campbell-Lewis  
 (ADDRESS) Marshall, Mo.

20. FILED June 20, 1939 P. L. Lawless  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1939

22. I HEREBY CERTIFY That I attended deceased from June 1st 1939 to June 11, 1939  
 I last saw her alive on June 1st 1939 Death is said to have occurred on the date stated above, at 11 a.m.

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

Pulmonary Embolism Date of onset 10/7/39

Other contributory causes of importance:  
Broncho Pneumonia

Name of operation Autopsy Date of June 11, 1939  
 What test confirmed diagnosis Chinical Was there an autopsy No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) P. L. Lawless, M. D.  
 (Address) P. L. Lawless

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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RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 7/3/39

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 Jas. H. Rennie  
Licensed Embalmer No. 1171  
P. O. Address Marshall 7

**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.**