

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

32103
 Do not use this space.

DEC'D OCT 10 1939

1. PLACE OF DEATH

(a) County Carroll Registration District No. 138
 (b) Township Egypt Primary Registration District No. 4078
 (c) City Harbome mo (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred 57 yrs. mos. day (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 361 John. Russell Strubling 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Gibson Strubling
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9, 1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72. 11 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
 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) Sept 14, 39 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dover, Missouri

FATHER 13. NAME Francis C. Strubling

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

MOTHER 15. MAIDEN NAME Cassaline Para. Strubling

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

17. INFORMANT (ADDRESS) Elizabeth Gibson Strubling Harbome mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Harbome mo DATE Sept 17, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John G. Ditch Harbome mo

20. FILED Sept 15, 1939 B. C. Cole Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-14 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-14- 1939 to 9-14- 1939
 I last saw him alive on 9-14- 1939 Death is said to have occurred on the date stated above, at 11-55 PM
 The principal cause of death and related causes of importance were as follows:

angina Pectoris

Date of onset 9-14-39

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Bedside Was there an autopsy? _____

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) B. C. Cole, M. D.
33 (Address) Harbome 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.

17
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DATE

LOCALITY

REGISTERED EMBALMER

DATE

NAME OF DECEASED

RESIDENCE OF DECEASED

DATE OF DEATH

PLACE OF DEATH

RECEIVED
District Health Officer No. 8
Project File Number
Date Filed 10/23/39

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 *John G. Dutch*

Licensed Embalmer No. 3654

P. O. Address *Narbone 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.