

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

32636  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Gasper Registration District No. 408  
 (b) Township Barthage Primary Registration District No. 3020 Registered No. 169  
 or Barthage  
 (c) City Barthage (d) Street No. M. C. Egan - Brooks Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
2:61

**2. PRINT FULL NAME**

Elmer Stroop Bruce Emmett Stroop  
 (a) Residence, No. Route 1 - Reeds 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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1939, to Sept 6, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6 1939

I last saw h. — alive on —, 19—. Death is said to have occurred on the date stated above, at 2:10 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
Stillborn

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. —  
 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 —

Date of onset 9/6/39

Stillborn

12. BIRTHPLACE (CITY OR TOWN) Barthage (STATE OR COUNTRY) Missouri

Other contributory causes of importance: —

FATHER 13. NAME Elmer Stroop

Name of operation Version & extraction Date of —  
 What test confirmed diagnosis? — Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) Beullo (STATE OR COUNTRY) Colorado

MOTHER 15. MAIDEN NAME Mellie Delphinistine

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. —

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

17. INFORMANT Elmer Stroop (ADDRESS) Route 1 - Reeds, Mo

Manner of injury —  
 Nature of injury —

18. BURIAL, CREMATION, OR REMOVAL PLACED Waskinburn DATE Sept 7 1939

19. FUNERAL DIRECTOR (NAME) Knee Hartung (ADDRESS) Barthage, Mo

24. Was disease or injury in any way related to occupation of deceased? —  
 If so, specify —  
 (Signed) Emery J. Whitten, M. D.  
 (Address) Barthage, Mo

20. FILED Sept 6 39 E. J. Whitten Local Registrar.

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

49  
5  
2

RECEIVED

Death Officer No. 6,

District No. 1039-1996

Date Filed OCT 6 1939

**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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed

*Emma L. Stueck*

Licensed Embalmer No. 391

P. O. Address *Bartholomew*

**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.**