

Registration District No. 598Primary Registration District No. 7355Registrar's No. 3

## 1. PLACE OF DEATH:

- (a) County MORGAN
- (b) City or town VERSAILLES MO  
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 48 yrs (Specify whether \_\_\_\_\_)  
years, months or days

3. (a) PRINT FULL NAME Nancy A. Stroup

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife W. Stroup 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased DEC 2 1865  
(Month) (Day) (Year)8. AGE: Years 74 Months 1 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Carbon County, Mo (City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Mrs. A. Crabtree13. Birthplace Kentucky (City, town, or county) (State or foreign country)14. Maiden name SARAH Beck (State or foreign country)15. Birthplace TENN (City, town, or county) (State or foreign country)16. (a) Informant's own signature Nancy Stroup(b) Address VERSAILLES MO17. (a) Burial (b) Date thereof JAN 12 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation VERSAILLES CHURCH CEMETERY18. (a) Signature of funeral director W. F. Kidwell(b) Address VERSAILLES, MISSOURI19. (a) 2-1-1940 (b) Will F. Berry, Jr.  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County MORGAN
- (c) City or town VERSAILLES  
(If outside city or town limits, write "RURAL")
- (d) Street No. \_\_\_\_\_ (If rural, give location)
- (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 10  
year 1940 hour 9 minutes 5 P. M.21. I hereby certify that I attended the deceased from about Jan 1, 1938 to Jan 10, 1940  
that I last saw her alive on Jan 1, 1940  
and that death occurred on the date and hour stated above.Immediate cause of death Paralysis - hemiplegia Duration 2 yrsDue to Cerebral hemorrhage 2 yrs

Due to \_\_\_\_\_

Other conditions Arterial sclerosis unknown  
(Include pregnancy within 3 months of death)Major findings: none JK PHYSICIAN \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy none Underline the cause to which death should be charged statistically22. If death was due to external causes, fill in the following: ✓

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_
- (b) Date of occurrence \_\_\_\_\_
- (c) Where did injury occur? ✓  
(City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? ✓ (Specify type of place) (e) Means of injury ✓23. Signature W. F. Berry, Jr. (M. D. or other) \_\_\_\_\_Address VERSAILLES MO Date signed 1-11-40

RECEIVED  
District Health Officer No. 7,  
District file number 2-40-218  
Date Filed 2-13-40

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.....

*Gene Partian*  
working under my personal supervision.

Registered Apprentice No.....

Signed.....

*Gene Partian*  
Licensed Embalmer No. 4021

P. O. Address.....  
*Versailles, 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.