

Registration District No.

89

Primary Registration District No.

5131

Registrar's No.

98

1. PLACE OF DEATH:

- (a) County BUTLER
 (b) City or town RURAL
 (c) Name of hospital or institution 2

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether

In this community 40 years
years, months or days)3. (a) PRINT FULL NAME JOHN STRENFEL

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

4. Sex MALE
 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife MARY STRENFEL
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased MAY 28 1854
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 11 6 _____ hr. _____ min.

9. Birthplace AUSTRIA
(City, town, or county) (State or foreign country)10. Usual occupation FARMER

11. Industry or business _____

- MOTHER FATHER
 { 12. Name UNKNOWN 9
 { 13. Birthplace "
 { 14. Maiden name UNKNOWN 11
 { 15. Birthplace "
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature JOHN STRENFEL
 (b) Address RED "I" POPLAR BLUFF MO
 17. (a) BURIAL (b) Date thereof APR 6 - 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation CATHOLIC CEM. NT. PHELPS
 18. (a) Signature of funeral director "
 (b) Address POPLAR BLUFF MO
 19. (a) 4/6/40 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County BUTLER
 (c) City or town RURAL
 (If outside city or town limits, write "RURAL")
 (d) Street No. 11 MI' W. POPLAR BLUFF MO
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 40 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day April
 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on March 10, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
 Duration _____

Due to _____
 Due to arteriosclerosis

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations nil
 Of autopsy nil
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

22. 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? Y
 (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature [Signature] (M. D. or other) _____
 Address Poplar Bluff Mo Date signed 4-15-40

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.