

No. 2  
-11-10-39  
5-17-39  
1 X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

17894

State File No.

Registrar's No.

536

Registration District No. 85

Primary Registration District No. 1001

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County BUCHANAN  
(b) City or town ST JOSEPH  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4003 ST-JOSEPH, AV.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 21 YEARS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUCHANAN  
(c) City or town ST. JOSEPH.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4003 ST-JOSEPH. AV.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9  
year 1940 hour 3 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 5-9-  
1940 to 5-9- 1940  
that I last saw him alive on 5-9- 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary occlusion 30 Min  
Duration

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

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations ✓

Of autopsy ✓

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?  
While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature L. C. Barrman (M. D. number) \_\_\_\_\_  
Address 411 K. K. Robinson Bldg Date signed 5/11/40

3. (a) PRINT FULL NAME CHARLES-HENRY-STROUD

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 365

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Katie 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June 18 1872  
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 21  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Smithville Ky  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Steamship Engineer

11. Industry or business River Work

12. Name: Henry C. Stroud

13. Birthplace Union France  
(City, town, or county) (State or foreign country)

14. Maiden name Waters Apple

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Katie Stroud

(b) Address St Joseph

17. (a) Burial (b) Date thereof May 11 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Ray Slawney

(b) Address St Joseph, Mo

19. (a) May 11 1940 (b) A. J. Nestelbuch  
(Date received local Registrar) (Registrar's signature)

St Joseph, Mo

Dr. Samuel  
Kinsler  
74 Evans

**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, <sup>and</sup> ~~or by~~ .....

*Cedric K. Jones*

Registered Apprentice No. *246*

working under my personal supervision.

Signed *John B. Hurley*

Licensed Embalmer No. *4050*

P. O. Address *St. Joseph 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.**