

STANDARD CERTIFICATE OF DEATH

State File No. **35866**

NOV 20 1940

Registration District No. **571**

Primary Registration District No. **5769**

Registrar's No. **71**

1. PLACE OF DEATH:

(a) County **Moniteau County**
 (b) City or town **RURAL** *Walter P.*
 (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 **3 YR** (Specify whether years, months or days)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau**
 (c) City or town **Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **South East Of California,**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years

3. (a) PRINT FULL NAME **John Walter Strobel**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **S**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife If alive _____ years
 7. Birth date of deceased **Aug. 8 1937**
 (Month) (Day) (Year)

8. AGE: Years **3** Months **2** Days **17** If less than one day _____ hr. _____ min.

9. Birthplace **Moniteau County,** (City, town, or county) (State or foreign country) **mo**

10. Usual occupation _____

11. Industry or business _____
 12. Name **Walter Strobel**
 13. Birthplace **Cole County** (State or foreign country) **mo**
 14. Maiden name **Alma Strobel**
 15. Birthplace **Moniteau County** (City, town, or county) (State or foreign country) **mo**

16. (a) Informant's own signature _____
 (b) Address _____
 17. (a) **Burial** (b) Date thereof **Oct. 27, 40**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Luthurn Cemt**
 18. (a) Signature of funeral director **Bowlin Funeral Home**
 (b) Address **California, Mo.**
 19. (a) **10-26-40** (b) **H.R. Popejoy**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **25** year **1940** hour **9** minute **30 P** M.
 21. I hereby certify that I attended the deceased from **April 3**, 19**39** to **Oct 25**, 19**40**
 that I last saw him alive on **Oct 25**, 19**40**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Lungs.** Duration _____

Due to _____
 Due to **47**
 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? **5044**
 (Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature **H.A. Quinn** (M.D. or other) **D.O.**
 Address **California, Mo.** Date signed **10/26/40**

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.

1 X1931

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.