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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 89

1. PLACE OF DEATH: Jackson

(a) County: Jackson

(b) City or town: R.F.D. #2 Indep. Mo.

(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: _____

In this community: 37 years

years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Indep. Mo. R.F.D. #2

(If outside city or town limits, write "RURAL")

(d) Street No. Northeast of Independence

(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: James Strodtman

3. (b) If veteran, name war: _____

3. (c) Social Security No.: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 28 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Feb, 1940, to March 28, 1941; that I last saw him alive on Jan, 1941; and that death occurred on the date and hour stated above.

4. Sex: male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Martha C. Strodtman

6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: Aug. 24 (Month) 1856 (Day) (Year)

Immediate cause of death: Coronary Thrombosis sudden

Due to: chronic hypertensive heart disease 5 yrs

Due to: arteriosclerosis 10 yrs

Other conditions (include pregnancy within 3 months of death): 92A

8. AGE: Years 84 Months 74 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace: Napoleon Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

PHYSICIAN

Major findings: ✓

Of operations: _____

Of autopsy: ✓

Underline the cause to which death should be charged statistically.

MOTHER, FATHER

11. Industry or business: _____

12. Name: John Strodtman

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

14. Maiden name: Sophia

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

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? 360

While at work? ✓ (Specify type of place) (e) Means of injury: _____

16. (a) Informant: Floyd B. Strodtman

(b) Address: R.F.D. #2 Box 456

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof: 3/30/41 (Month) (Day) (Year)

(c) Place: burial or cremation: Independence, Mo. Woodlawn

18. (a) Signature of funeral director: W. Mitchell

(b) Address: Independence, Missouri

19. (a) March 29 '41 (Date received local registrar) (b) J. L. Cook m.d. (Registrar's signature)

23. Signature: J. H. Hickenon (M. D. or other) ✓

Address: Independence, Mo. Date signed: March 29 1941

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

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. 648

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.