No. 2
1-4-41
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X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 13 1941

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27871

Primary Registration District No. 1001

Registrar's No. 638

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: 2011 Beattie Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community: 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 2011 Beattie St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Minnie Campbell Stroker
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: Married
6. (b) Name of husband or wife: Frank E. Stroker
6. (c) Age of husband or wife if alive: 79 years
7. Birth date of deceased: July (Month) 19 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
69	1	17	____ hr. ____ min.

9. Birthplace: Easton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home
MOTHER FATHER
12. Name: Samuel Noland
13. Birthplace: Easton (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Elizabeth Stoneman
15. Birthplace: Easton (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Frank E. Stroker
(b) Address: 2011 Beattie St., St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: September 8, 41 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery St. Joseph, Mo.
18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1302 Faraon St., St. Joseph, Mo.
19. (a) 9-8-1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6 year 1941 hour 9 minute 35 P. M.
21. I hereby certify that I attended the deceased from July 1st 1941, to Sept 6th 1941, that I last saw him alive on Sept 6th 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Nephritis — Duration: 9 a.
Due to: ____
Due to: ____
Other conditions (Include pregnancy within 3 months of death): Insanity 13 yr
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Leroi Beck (M. D. or other) M. D.
Address: King Hill Bldg. St. Joseph, Mo. Date signed: 9/8/41

85 (Licensed Embalmer's Statement on Reverse Side)

SEP 17 1940

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 Walter Meinhopper Jr, Registered Apprentice No. 302 working under my personal supervision.

Signed Orby J Lester

Licensed Embalmer No. 4154

P. O. Address St. Joseph, Mo.

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

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