

Registration District No. _____
FILED OCT 24 1941

Primary Registration District No. 1

Registrar's No. 278

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirkville
(c) Name of hospital or institution: Grim-Smith Hosp & Clinic
(d) Length of stay: In hospital or institution 14 da
In this community 0 years, months or days

3. (a) PRINT FULL NAME Charles Pearl Stroud
3. (b) If veteran, name war _____
3. (c) Social Security No. ✓

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Mary Jane Frederick (deceased)
6. (c) Age of husband or wife if alive Not living years
7. Birth date of deceased: June 4 - 1880

8. AGE: Years 61 Months 4 Days 0
If less than one day hr. _____ min. _____

9. Birthplace Sullivan County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farmer + carpenter

11. Industry or business _____

MOTHER FATHER
12. Name James Buchanan Stroud
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Mattie Semstock
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Stroud
(b) Address Milan, Mo

17. (a) Burial (b) Date thereof Oct. 7 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery Chapel - Milan

18. (a) Signature of funeral director Schroeder No. _____

(b) Address Milan, Mo

19. (a) Oct 7, 1941 (b) Spencer L. Freeman
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Sullivan
(c) City or town Milan RFD
(d) Street No. _____
(e) Citizen of foreign country? No
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4th
year 1941 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept 20
1941, to Oct 4th 1941;

that I last saw him alive on Oct 4th 1941;

and that death occurred on the date and hour stated above.
Immediate cause of death Embolism Duration 20-4-41

Due to Peritonitis 9-19

Due to Ruptured appendix 9-19

Other conditions 12 1 11
(Include pregnancy within 3 months of death)

Major findings:
Of operations Ruptured appendix with general peritonitis
Of autopsy _____
PHYSICIAN _____

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 11

23. Signature George E. Grim (M. D. or other) MD

Address Kirkville, Mo Date signed 10-9-41

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

RECEIVED

District Health Officer No. 10

District File Number 10-41-1877

Date Filed OCT 17 1941

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.....

Frank D. Schoene....., Registered Apprentice No.....
working under my personal supervision.

Signed Frank D. Schoene

Licensed Embalmer No. 2016

P. O. Address Milan, Ill.

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.