

REGISTERED OCT 21 1941 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 273

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town Rural R. #1, Henley, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D.#1, Henley, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John George Stroessner

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 single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: August 9 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>1</u>	<u>12</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name John Stroessner

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

14. Maiden name Margaret Hager

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

16. (a) Informant Andy Stroessner

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Sep-22-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Honey Creek Cemetery

18. (a) Signature of funeral director John J. Egan

(b) Address Jefferson City, Missouri

19. (a) Sept 23 1941 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21 at year 1941 hour 4:30 minute A . M.

21. I hereby certify that I attended the deceased from May 7 1941 to Sept 21<sup>st</sup> 1941; that I last saw him alive on Sept 20 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of lungs metastatic, Carcinoma of liver metastatic, Carcinoma of colon, Primary

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Ca. of colon primary (Resecting)  
Of operations \_\_\_\_\_  
Of autopsy none

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 W. M. Reynolds (M. D. or equivalent)  
Address Jefferson City, Mo. Date 9-23-41

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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 *Louis Quert*

Licensed Embalmer No. *4096*

P. O. Address *Jefferson*

**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.**