

BUREAU OF THE CENSUS
FILED OCT 10 1941

Registration District No. 470

Primary Registration District No. 6633

Registrar's No. 133

1. PLACE OF DEATH:

(a) County Lawrence
 (b) City or town Mt. Vernon, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri State Sanatorium
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: 16
 In this community all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
 (c) City or town Mt. Vernon
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18th, 1941
 year 2:30 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from
Sept. 3 1941 to Sept. 18th 1941
 that I last saw her alive on Sept. 17th 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Preliminary Tuberculosis
 Due to _____ about 6 W
 Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy same

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

23. Signature H. L. Coffman (M. D. or other) M.D.
 Address Mt. Vernon, Mo. Date signed 9-18-41

3. (a) PRINT FULL NAME Allie Stroud

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W. H. Stroud 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased April (Month) 2 (Day) 1873 (Year)

8. AGE: Years 68 Months 5 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Unknown 0 Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Abraham Miller

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

14. Maiden name Hannah Neal

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

16. (a) Informant E. McMichael, Record Clerk

(b) Address Missouri State Sanatorium

17. (a) Lycamore (b) Date thereof Sept-19-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lycamore Cemetery

18. (a) Signature of funeral director H. H. Poetsch

(b) Address Mt. Vernon, Mo.

19. (a) 9-19-41 (b) _____ (Date received local registrar) (Registrar's signature)

47 (Licensed Embalmer's Statement on Reverse Side)

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

VED
District Health Officer No. 6,

District File Number 1041-1549

Date Filed OCT 6 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.....

Max Fossett....., Registered Apprentice No. 268
working under my personal supervision.

Signed.....

H. B. Fossett
Licensed Embalmer No. 2301

P. O. Address Mt. Vernon, Mo.

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, fact should be so stated above.