

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39682

FILED DEC 14 1941
Registration District No. 254

Primary Registration District No. 6097

State File No. _____
Registrar's No. 42

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

1. PLACE OF DEATH: Stoddard
(a) County: Stoddard
(b) City or town: Rural Pikeville
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none
In this community: Life 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Stoddard 103
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: NEAR KINDER MO. (If rural, give location)
(e) If foreign born, how long in U. S. A.: 0 years.

3. (a) PRINT FULL NAME: WILLIAM ALBERT STROUP
3. (b) If veteran, name war: no
3. (c) Social Security No.:

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Nov day: 28
year: 1941 hour: 5 PM minute: M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
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: married
6. (b) Name of husband or wife: SYNTHEA STROUP
6. (c) Age of husband or wife if alive: 50 years
7. Birth date of deceased: Aug 2 1891 (Month) (Day) (Year)

Immediate cause of death: Acute Indocarditis
Due to: _____
Due to: _____
Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE: Years: 65 Months: 3 Days: 26 If less than one day: _____ hr. _____ min.

Major findings: Of operations: 918
Of autopsy: _____
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

9. Birthplace: STODDARD Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: FARMER
11. Industry or business: _____
12. Name: JOHN STROUP
13. Birthplace: Not Known (City, town, or county) (State or foreign country)
14. Maiden name: MAHALA COATS
15. Birthplace: Ind. (City, town, or county) (State or foreign country)

16. (a) Informant: SYNTHEA STROUP
(b) Address: KINDER MO.
17. (a) Burial (Burial, cremation, or removal)
(b) Date thereof: Nov 30 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Gerson Cemetery, Mo.
18. (a) Signature of funeral director: _____
(b) Address: Advance, Mo.
19. (a) 121 30-41 (Date received local registrar)
(b) D. S. McVee (Registrar's signature)

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: P. S. Hearn (M. S. Registrar)
Address: Bloomfield Mo. Date signed: _____

RECEIVED

District Health Office No. 2

District File Number 1341-1678

Date Filed 7/2/10/41

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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.....

Gloyd S. Morgan
working under my personal supervision.

Registered Apprentice No.....

Signed Gloyd S. Morgan

Licensed Embalmer No. 3361

P. O. Address Advance, Md.

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.