

FILED JAN 20 1942
Registration District No. 2/4

Primary Registration District No. 4/30

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Russellville Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____
years, months or days

8. (a) PRINT FULL NAME Adam 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 Married

6. (b) Name of husband or wife Christine Stroessner 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased February 17 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80	9	29	hr. min.
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9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Adam Stroessner
(b) Address Russellville, Mo

17. (a) Burial (b) Date thereof 12-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Russellville

18. (a) Signature of funeral director Walter D. Legal
(b) Address Russellville, Mo

19. (a) Dec 17-41 (b) Mrs. E.W. Plummer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Russellville, Missouri
(If outside city or town limits, write "RURAL.")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? Since 1889 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17 year 1941 hour 3 minute 0 P. M.

21. I hereby certify that I attended the deceased from May 1931 to Dec 17 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Acute dilatation of heart

Due to Acute dilatation of heart

Due to of heart

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings: Of operations 930

Of autopsy _____

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)

Means of injury _____

23. Signature Walter D. Legal (M. D. or other) _____
Address Russellville Mo Date signed 12-17-41

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

26
0
0

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 us.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Hugh B. Schubert
Hugh B. Schubert 2420

Licensed Embalmer No.

P. O. Address.....

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, above space should be left blank.