

FILED FEB 18 1942
1029

Registration District No.

Primary Registration District No. 5848

Registrar's No.

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Chamois, Mo. Rt # 12
(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 Life time. (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Anton Strope

3. (b) If veteran, name war World 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 March 30th, 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>9</u>	<u>28</u>	hr. <u>0</u> min.

9. Birthplace Loose Creek, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Strope

{ 13. Birthplace Loose Creek, Mo. (City, town, or county) (State or foreign country)

{ 14. Maiden name Gertrude Troesser

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

16. (a) Informant John Strope

(b) Address Linn, Mo.

17. (a) Burial (b) Date thereof 1-31-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linn, Mo.

18. (a) Signature of funeral director _____

(b) address Box 144, Linn, Mo.

19. (a) Jan 31, 1942 (b) Ether Souder
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28th
year 1942 hour 4 0' o'clock minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 27-42
_____ 19. to Jan 28 - 1942
that I last saw h. _____ alive on _____ 19. _____
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 48 hrs.

Due to _____

Due to High Blood Pressure Stroke

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

Major findings: 83a

Of operations _____

Of autopsy _____

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 Geo Williamson (M. D. or other) _____

Address Linn, Mo. Date signed _____

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

FEB 12 1942

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

Vernon Morton

Licensed Embalmer No. *4125*

P. O. Address. *Leam*

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.