

FILED MAY 15 1942
Registration District No. 334

Primary Registration District No. 5722

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Rural Valley Township
(If outside city or town limits, write "RURAL" and name of township)

(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 no. (Specify whether)

In this community Life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Macon

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA E. STROUSE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th
year 1942 hour 11 minute 30 M.

21. I hereby certify that I attended the deceased from Feb 10
1942 to Apr 10 1942
that I last saw her alive on Apr 9 1942
and that death occurred on the date and hour stated above.

4. Sex Female 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 December 19 1880
(Month) (Day) (Year)

Immediate cause of death Diabetes mellitus

Duration 1 yr

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 61

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

61 4 21 _____ hr. _____ min.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy no

9. Birthplace Valley Township Macon Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Julius E. Strouse

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

14. Maiden name Wilhelmina Rosenthal

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

16. (a) Informant August J. Strouse
(b) Address Edell

17. (a) Burial (b) Date thereof April 12 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Oak Cemetery

18. (a) Signature of funeral director J. E. Hillebrand
(b) Address New Cambria, Mo.

19. (a) April 12, 1942 (b) Alvina M. Hillebrand
(Date received local registrar) (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 Ed West (M. D. or other) _____
Address New Cambria in Mo. Date signed Apr 11, 1942

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 5-42-984

Date Filed MAY 13 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 H. J. Gilleland

Licensed Embalmer No. 4019

P. O. Address New Cambria, 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.