

S. No. 2
M-9-4-41
V. 5-17-39
I X2942A

21819

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 23 1942

Registration District No. 590

Primary Registration District No. 4352

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Montgomery,

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 79-9-7
(Specify whether years, months or days)

In this community 79-9-7

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Montgomery,

(c) City or town Rhineland, Mo.
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Arnold Struttman,

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

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

6. (b) Name of husband or wife Johanne Struttman, 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Oct 2nd 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>9</u>	<u>7</u>	hr. min.

9. Birthplace Rhineland, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name William Struttman,

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

14. Maiden name Mary Nelson,

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

16. (a) Informant Mrs. Hugh Groves
(b) Address Rhineland, Mo.

17. (a) Burial (b) Date thereof June 11-42
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Edson Bates
(b) Address Americus, Mo.

19. (a) June 10, 1942 (b) Mrs. Carrie A. Stuart
(Date received local registrar) (Registrar's signature)

100 / Mrs. North Wood deputy
(Licensed Embalmer) Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th
year 1942 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Glad
on arrival to house
that I last saw him alive on Mar 29 1942

and that death occurred on the date and as stated above.
Immediate cause of death apoplexy

Due to senile Parain

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 83a
Of autopsy

Duration
under
3 yrs
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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

23. Signature J. P. Raucherbeck, M. D.
address Rhineland Mo Date signed 6/19-42

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

70
00

Handwritten notes:
Order
spec
Mar 21 -
offering
Mar 21 -
Mar 21 -
Mar 21 -

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.....

D. B. Baker,....., Registered Apprentice No.....

working under my personal supervision.

Signed *D. B. Baker*.....

Licensed Embalmer No. **3375**.....

P. O. Address **Americus, 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.