

FILED NOV 11 1942

Registration District No. 53

Primary Registration District No. 5797

Registrar's No. 122

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

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town "Rural" Sugar Tree Twp
(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. Entire Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll

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

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

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

3. (a) PRINT FULL NAME Alice Popelia Struck

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4
year 1942 hour 7 minute 15 AM

21. I hereby certify that I attended the deceased from May 23, 1942, to Oct. 4, 1942, that I last saw her alive on Oct. 3, 1942; and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race W 6. (a) Single, 1 divorced, 1 married

6. (b) Name of husband or wife Louis Struck 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Oct 15 1871
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis

Duration ?

Due to 61

Due to 61

Other conditions diabetes mellitus ?
(Include pregnancy within 3 months of death)

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

70 11 26 hr. min.

9. Birthplace Carroll Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation at Home

Major findings: Of operations no operation

Of autopsy no autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.

12. Name Frank Winfrey

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

14. Maiden name Susan McHenry

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

16. (a) Informant Louis Struck
(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 10-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gilead Cem Standley

18. (a) Signature of funeral director Stanley
(b) Address Carrollton Mo

19. (a) 10-6-1942 (b) M J James Ruddy
(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?

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

While at work Geo a Kelling Means of injury

23. Signature Geo. A. Kelling (M. D. or other) U. D.
Address Waverly, Missouri Date signed 10/5/42

REIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-10-42

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.